A Bloody Obstruction: Obstructive Jaundice From a Gastroduodenal Artery Pseudoaneurysm



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Introduction

- Visceral artery aneurysms and pseudoaneurysm - uncommon vascular phenomena
- Most common sites: hepatic and splenic artery origins
- Usually asymptomatic incidental findings.
- Gastroduodenal artery (GDA) pseudoaneurysms may present prior to rupture as obstructive jaundice
- High mortality if ruptured
- Case of a are presentation with bleeding and obstructive jaundice

- 40 yo male
- radiation to the back

- Labs:
- Ο
- Ο Ο
- WBC: 18k Ο
- Imaging:
- Ο

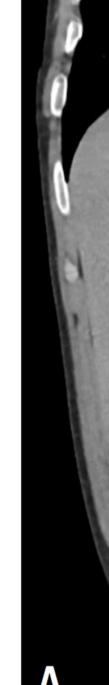


History: chronic alcohol pancreatitis, hypertension, remote history of abdominal procedure 2-week history of right upper quadrant abdominal pain with Jaundice, nausea, poor oral intake, weakness <u>Physical exam</u>: encephalopathy, pallor, scleral icterus. Total bilirubin: 20.2mg/dL

Direct bilirubin: 14.2mg/dL Hemoglobin: 6.8

CT abdomen/pelvis: 9.5 x 8.9 cm GDA pseudoaneurysm with contained hemorrhage Gastric outlet obstruction (Image A and B) Marked intra- and extrahepatic ductal dilation GDA coil embolization and placement of percutaneous transhepatic cholangiography (PTC) drain Achieved control of hemorrhage Progressive resolution of hyperbilirubinemia and encephalopathy







Discussion

GDA pseudoaneurysms are rare forms of visceral aneurysms Often found incidentally or following rupture Rare presentation with obstruction and bleeding Management requires a multidisciplinary approach Endovascular techniques are the preferred first line approach to achieve favorable clinical outcomes.

