

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 rare presentation with bleeding and obstructive jaundice

Case

- 40 yo male
- History: chronic alcohol pancreatitis, hypertension, remote history of abdominal procedure
- 2-week history of right upper quadrant abdominal pain with radiation to the back
- Jaundice, nausea, poor oral intake, weakness
- Physical exam: encephalopathy, pallor, scleral icterus.
- Labs:
 - Total bilirubin: 20.2mg/dL
 - Direct bilirubin: 14.2mg/dL
 - Hemoglobin: 6.8
 - WBC: 18k
- Imaging:
 - 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.

