PICTURES IN DIGESTIVE PATHOLOGY

Successfully endovascular resolution of iatrogenic right hepatic artery pseudoaneurysm

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CASE REPORT

A 83-year-old man attended the emergency service due to abdominal pain in the right upper quadrant, with fever and malaise. Laboratory studies revealed leukocytosis with neutrophilia, and elevated PCR. Ultrasound imaging showed a cholecystitis complicated with a pericholecystic abscess. Due to the clinical condition of the patient, an urgent open cholecystectomy was performed, showing recurrent abdominal pain and anemia during the postoperative period, that required multiple transfusions during the following week. Due to this evolution, a TC was done, demonstrating a right hepatic artery pseudoaneurysm of 5 x 4 cm (Fig. 1).

After femoral catheterization under local anesthesia, a selective celiac arteriography was done, showing a pseudoaneurysm of the right hepatic artery (Fig. 2). A covered stent was implanted (Jostent GraftMaster 3.5 x 16 mm Abbot), with complete exclusion of the pseudoaneurysm and correct patency of the distal right hepatic artery (Fig. 3). During the rest of the hospitalization there were no new anemic episodes, and the patient was discharged in five days.

Fig. 1. CT demonstrating a right hepatic artery pseudoaneurysm of 5 x 4 cm (white arrow).

Fig. 2. Arteriography showing a pseudoaneurysm of the right hepatic artery.

Fig. 3. Complete exclusion of the pseudoaneurysm and correct patency of the distal right hepatic artery.

DISCUSSION

Iatrogenic pseudoaneurysms of the right hepatic artery are a rare complication of biliar surgery, but with a high mortality rate if not immediately controlled. Endovascular treatment with a covered stent can be a valid therapeutic option, due to its effectiveness, safety and minimally invasive technique that allows the occlusion of the pseudoaneurysm while maintaining the patency of the hepatic artery, thus minimizing the risk of hepatic ischemia and necrosis.

RECOMMENDED REFERENCES

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