

PICTURES IN DIGESTIVE PATHOLOGY

Gastroduodenal artery aneurysm presenting as a pancreatic mass

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Gastroduodenal artery aneurysm is a rare condition, with difficult diagnosis and high morbidity and mortality rates. The presenting symptoms are variable and include unspecific epigastric pain, nausea, vomiting and even intestinal angina or hemorrhagic shock due to its rupture. Nevertheless, the main presenting symptom is epigastralgia associated with acute pancreatitis.

We report the case of a 78-years-old woman, with previous medical history of hypertension and ischemic heart disease, diverticular disease and depressive syndrome, who was admitted into hospital because epigastric pain for the last three months. The initial laboratory tests, including serum amylase and liver enzymes levels, were normal, as well as an upper digestive endoscopy. As the symptoms were persistent, a non-contrast enhanced computed tomography (CT) was carried out, identifying a pancreatic mass. The patient was then referred to our unit for an endoscopic ultrasonography (EUS).

In EUS, it was observed a well-defined mass located in the pancreatic head, with a size of 2.43x2.53 cm hypoechoogenic (Fig. 1). Doppler identifies the presence of an arterial vessel inside corresponding to the gastroduodenal artery, which makes a loop from the hepatic artery (Fig. 2). The pancreatic mass was a partially thrombosed aneurism of this artery instead (Fig. 2). The head of the pancreas presented a clear ventral-dorsal differentiation, with no other masses. The pancreatic duct was also normal.

After EUS an angio-CT was performed, confirming this finding and the patient was sent to Interventional Vascular Radiology unit for treatment.

Visceral artery aneurysms are rare vascular lesions with difficult diagnosis due to the unspecific presentation (from asymptomatic to abdominal pain or bleeding) (1). Diagnosis is often achieved after angio-CT, but EUS may have an important role (2). Many are pseudoaneurysm developed as a result of inflammatory processes such as pancreatitis, autoimmune disease or due to vascular trauma surgery (1). As the rupture of the aneurysm is frequent, with high morbidity and mortality rates (3), it is necessary to get a correct diagnosis as soon as possible so radiologic or surgical treatment can be done (4,5).

REFERENCES

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Fig. 1. Mass located in the pancreatic head with area hypoechoogenic of 2.43x2.53 cm.



Fig. 2. Doppler detects area hypoechoogenic corresponding to the gastroduodenal artery partially thrombosed dilated with a loop from the hepatic artery.

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