P-P56 Successful endovascular embolisation of a recurrent gastroduodenal artery aneurysm in a patient presenting with acute on chronic pancreatitis

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**Background:** Pseudoaneurysms are recognised to be a serious complication of chronic pancreatitis. Visceral artery aneurysms (VAA) can be
difficult to determine and most commonly occur in the splenic or hepatic artery. Gastroduodenal artery pseudoaneurysms (GDA) have been reported to be the most common VAA following pancreatic surgery. We aim to outline the successful management of a patient with a recurrent 5.5cm GDA pseudoaneurysm following previous embolisation 2 years prior.

**Methods:** The 59yr old patient had a history of alcohol related necrotic pancreatitis with pseudocyst formation requiring percutaneous drainage in 2019. This was complicated by pseudoaneurysm formation requiring embolisation of the inferior pancreatico-duodenal artery and GDA. In April 2021 they were readmitted with recurrent abdominal pain thought to be secondary to chronic pancreatitis and one episode of haematemesis.

**Results:** Endoscopy revealed inflammation of D1 with signs of recent mucosal bleeding with a recent abdominal ultrasound showing a 4.7x4.6cm apparent pseudocyst. A CT pancreas was performed to assess the pseudocyst however an incidental pseudoaneurysm at the pancreatic head with a sac measuring 5.5cm in diameter and contrast material measuring 3cm in diameter was present. Peripancreatic and retroperitoneal inflammation indicative of acute on chronic pancreatitis. The patient underwent embolisation of the recurrent GDA pseudoaneurysm successfully with no more filling of the previously seen pseudoaneurysm and was safely discharged.

**Conclusions:** Recurrent GDA pseudoaneurysms are a very rare complication of recurrent pancreatitis, however should be considered in patients presenting severe epigastric pain with a history of previous pseudoaneurysms.