

A Rare Location of Pseudoaneurysm in Chronic Pancreatitis: Left Sub-Capsular Renal Artery

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Case Report

A 15 year old male with chronic pancreatitis was admitted with history of increasing abdominal pain, vomiting and fever since one month. His hemoglobin level was 8.9 (normal 13.0-17.0) g/l. Contrast-enhanced computed tomography (CT) showed a large 10 × 6 cm sub-capsular collection in left kidney with bleed within along with pseudo aneurysm in sub-capsular portion of left kidney from a proximal branch of left renal artery (Figure 1) with chronic calcific pancreatitis and intra ductal calculi.



Figure 1: Pseudoaneurysm in sub-capsular portion.

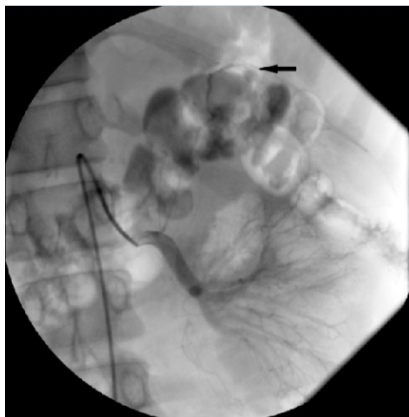


Figure 2: Left sub-capsular pseudoaneurysm.

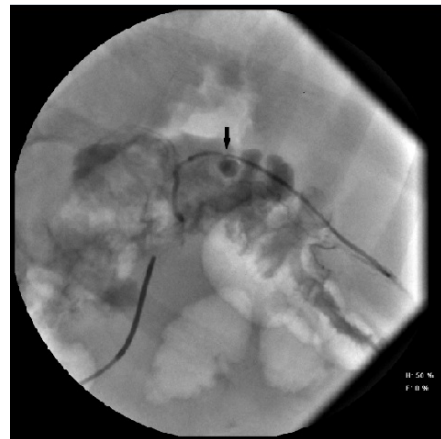


Figure 3: Selectively catheterized Left sub-capsular pseudoaneurysm.



Figure 4: Post procedure showing no evidence of pseudoaneurysm.

On conventional angiography, celiac angiogram was normal. Left renal artery arteriogram showed left sub-capsular pseudoaneurysm from a proximal branch of left renal artery (Figure 2), which was selectively catheterized (Figure 3) and coil embolization was done. Post procedure; check angiogram showed no evidence of pseudoaneurysm (Figure 4).

Conclusion

If abdominal pain and anemia develop in a patient with chronic pancreatitis, pseudoaneurysm should be considered. Pseudoaneurysmal bleeding may complicate 5% to 10% of all cases of chronic pancreatitis although pseudo aneurysms may be seen in up to 21% of patients with chronic pancreatitis undergoing angiography [1]. Severity and duration of pancreatitis, fluid collections and pancreatic surgery are the main risk factors. Splenic (60-65%), gastro-duodenal (20-25%) and pancreatico-duodenal (10-15%) arteries are most commonly affected.

Less frequently, involved are inferior phrenic, hepatic and superior mesenteric artery [2]. To best of our knowledge, this is first case reporting pseudoaneurysm of sub-capsular branch of left renal artery. Interventional radiological procedures have improved morbidity and

mortality in ruptured pseudoaneurysms and reduced need of emergency surgery. Percutaneous angiographic embolization (coils or glue) is most commonly used [3].

References

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