

中文題目：胰臟偽動脈瘤穿透結腸導致下消化道出血-病例報告

英文題目：Pancreatic pseudoaneurysm presenting as lower gastrointestinal bleeding  
due to colonic penetration

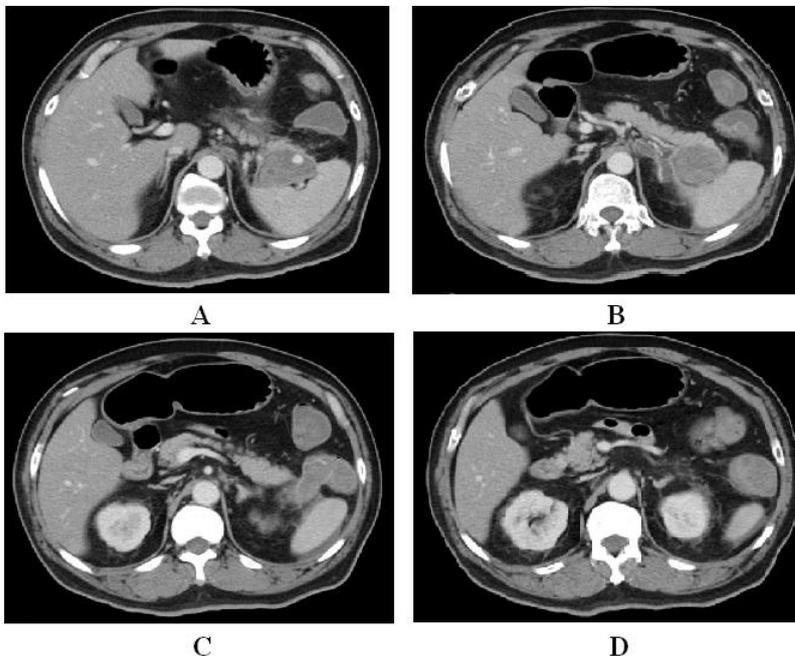
作者：鄧世綸<sup>1,2</sup> 吳整昌<sup>2</sup> 陳德坤<sup>2</sup> 蔡錦焜<sup>1,2</sup> 劉穎謙<sup>2</sup>

服務單位：澄清綜合醫院內科部<sup>1</sup>，重症醫學部<sup>2</sup>

**Introduction:** Pancreatic pseudoaneurysm is a rare complication of pancreatitis. When ruptured, it can present as gastrointestinal bleeding. Without treatment, the mortality rate is as high as 90%. Angiography is preferred for making the diagnosis of pseudoaneurysm, and angiographic embolization is the first choice of treatment.

**Case report:** We present a 53-year-old man with acute pancreatitis who began passing bloody stools. At upper endoscopy, no bleeding site was identified, but external compression of stomach from a pancreatic pseudocyst was noted. Clotted blood, but no bleeding site, was found at colonoscopy. Abdominal computerized tomography revealed a pseudoaneurysm with fistula communication with the colon. Definite diagnosis was made by angiography, and hemostasis was attained by angiographic embolization. No recurrence of hemorrhage has occurred.

**Conclusion:** Rupture pancreatic pseudoaneurysm is rare, but, as in this case, it can cause severe bleeding into the gastrointestinal tract, and it has a high mortality rate. Angiography remains the gold standard for diagnosis of ruptured pseudoaneurysms, which is the first choice of treatment, with embolization. Surgery should be reserved for cases when angio-embolization is ineffective or bleeding recurs.



Abdominal CT showed a pseudocyst located between the splenic hilum and pancreatic tail with intracystic pseudoaneurysm formation (A) and this bleeding pseudocyst has fistula formation with the splenic flexure of colon (C).