Iatrogenic Visceral Artery Pseudoaneurysm Treated with Glue Embolisation

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Aims and Objectives

To share our experience in the use of N-Butyl Cyanoacrylate (NBCA) glue for embolisation of pseudoaneurysm of a visceral artery.
History

- 24 Yrs, Male
- Diagnosed case of Cholelithiasis on USG
- History of recurrent episodes of Right Hypochondriac pain and one episode of jaundice
- No past history of Worm Infestation / Malena / Hematemesis
Examination Findings:

- Tenderness in Right Hypochondrium
- Afebrile
USG

- Gall Bladder Hugely Distended
- Multiple calculi in GB
- Dilated Common Bile Duct with Multiple calculi within

↓

ERCP (7Fr Stent Placed)

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Patient Asymptomatic

Cholecystectomy Planned after 6 weeks
3 Weeks Post ERCP

- Severe Pain in upper abdomen
- High Grade Fever
- Serum Amylase and Lipase – Raised
- Total Bilirubin Raised (Mainly Direct)
Post - ERCP USG

- Hugely Distended GB with echoes within
- Thickened GB Wall
- 2 cm sized Calculus within GB
- Pericholecystic Fluid with echoes
- Pancreas and other details could not be seen

Conclusion: Empyema of GB with Pericholecystic abscess
Coronal Reconstruction
Celiac Artery Angiogram
Right Hepatic Artery Angiogram
Finally !!!
Post Glue Embolisation

Glue Cast

Glue Cast
Conclusion

NBCA Embolisation –

- A feasible and effective method for management of visceral artery pseudoaneurysms
- An excellent alternative to coils
- Can even outperform coils for embolisation of the visceral arteries.
- Has minimal post-procedure major complications
References


Thank You
<table>
<thead>
<tr>
<th>Arteries Involved</th>
<th>No. of Patients</th>
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<tbody>
<tr>
<td>Splenic</td>
<td>3</td>
</tr>
<tr>
<td>Inferior pancreaticoduodenal</td>
<td>1</td>
</tr>
<tr>
<td>Left gastric</td>
<td>1</td>
</tr>
<tr>
<td>Common hepatic</td>
<td>1</td>
</tr>
<tr>
<td>Right hepatic</td>
<td>1</td>
</tr>
<tr>
<td>Left upper lobe pulmonary artery</td>
<td>1</td>
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## Results

<table>
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<tr>
<th>FEATURE</th>
<th>NO. OF PATIENTS</th>
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<tbody>
<tr>
<td>Total = 8</td>
<td></td>
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<tr>
<td>Complete cessation of blood extravasation</td>
<td>8</td>
</tr>
<tr>
<td>Recurrence of aneurysms thereafter till date</td>
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## Complications

<table>
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<th>FEATURE</th>
<th>NO. OF PATIENTS</th>
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<tr>
<td>End organ damage or iatrogenic ischaemia attributable to NBCA</td>
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<td>Due to concurrent use of coils</td>
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<tr>
<td>Fever</td>
<td>2</td>
</tr>
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</table>
fundus or gall bladder

right hepatic artery

cystic artery

cystic duct

left hepatic artery

left bile duct

hepatic artery

common bile duct

portal vein