



## IMAGE OF THE MONTH

### Gastroduodenal artery pseudoaneurysm<sup>☆</sup>

### Pseudoaneurisma de arteria gastroduodenal



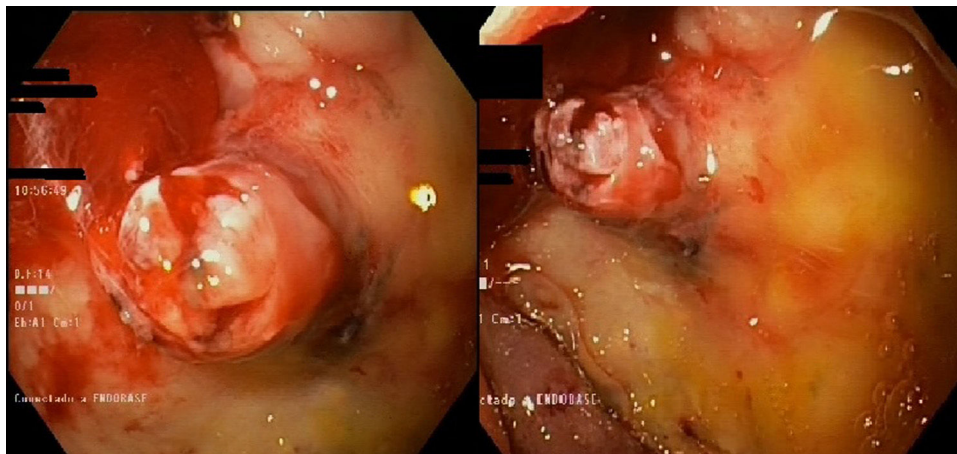
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A 49-year-old man with a history of chronic alcoholism, post-traumatic subarachnoid haemorrhage and upper gastrointestinal bleeding eight years previously. He visited the A&E department with overt gastrointestinal bleeding in the form of melaena and later haematemesis and rectal bleeding. Once the patient was stabilised, an urgent gas-

troscopy was performed (incomplete due to abundant blood residue). The examination was repeated 12 h later, showing a large duodenal ulcer actively oozing blood and a visible vessel (Fig. 1), which was sclerosed with adrenaline and Aethoxysklerol. A CT angiogram was then performed (Fig. 2), showing a pseudoaneurysmal dilation of the gastroduodenal

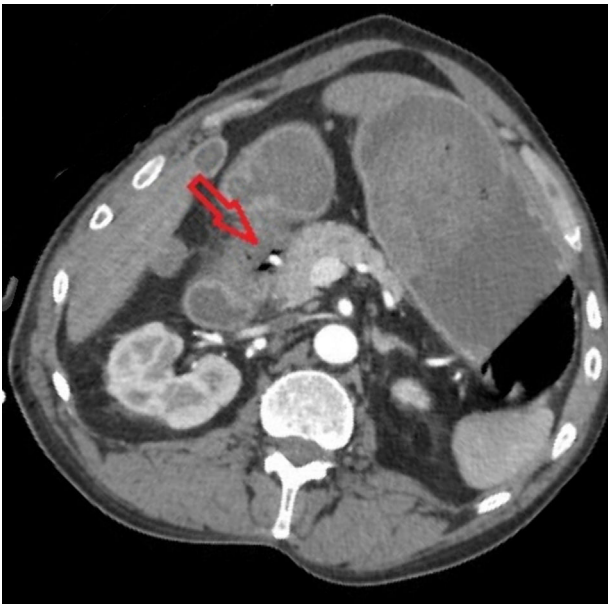


**Fig. 1** Endoscopic image of visible vessel on ulcer bed.

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**Fig. 2** Sector image in arterial phase of CT angiography: gastroduodenal artery pseudoaneurysmal dilation.

artery in a possible duodenal ulcer bed which was treated by embolisation.

After absconding from hospital, the patient was readmitted five days later in haemorrhagic shock. A repeat CT angiogram was performed, which ruled out active bleeding, and two further gastroscopies, showing a Forrest IIc duode-

nal ulcer that was treated with sclerosing agent. Given the persistence of his anaemia, he was finally operated on.

Gastroduodenal artery pseudoaneurysms usually present with haematemesis and/or melaena which appear after chronic inflammation, sometimes associated with chronic pancreatitis.<sup>1</sup> Endoscopic visualisation is rare and a computed tomography (CT) scan is generally required for diagnosis. A multidisciplinary approach is required<sup>2</sup>, which includes embolisation<sup>3</sup> as the first line of treatment and surgery if that fails.

### Conflicts of interest

The authors have no conflicts of interest to declare.

### References

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