

POSTER ABSTRACTS

Intracystic hemorrhage during EUS-FNA of a cystic lesion of the pancreas

Atakan Topçu¹, Davut Tüney², Deniz Güney Duman¹

¹Marmara University Faculty of Medicine, Department of Internal Medicine and Gastroenterology

²Marmara University Faculty of Medicine, Department of Radiology

Introduction: Hemorrhage into cystic space is an infrequent complication of EUS guided fine needle aspiration of pancreatic cystic lesions. This should be recognized by the endosonographer because of the risk of fatal outcome. Herein, we present a patient suffered from with immediate bleeding into cyst during an EUS fine needle aspiration (EUS-FNA)procedure and its EUS appearance.

Case presentation: Fifty-two year old woman was referred to our EUS clinic because of the 23x33 mm diameter, unilocular, thick-walled, non-contrast enhancing cyst located in the head and the uncinate process of the pancreas diagnosed by abdominal CT. On EUS examination, 24,1x 22,7 mm isolated single clear cyst with regular but thick wall was visible. There was no mass or nodule associated with cyst, and main pancreatic duct was of normal size and appearance. Color flow and Doppler US were performed to exclude vascular structures in the path of the needle and ciprofloxacin was administered intravenously before EUS-FNA. EUS-FNA with 22 G needle was performed. After the aspiration of the initial 2 cc of clear cystic fluid, blood-tinged fluid was observed. The hypoechoic appearance of the cyst (figure 1a) suddenly has turned to hyperechoic dense nature on ultrasound (figure 1b). We have stopped the procedure because of the risk of hemorrhage into cyst and patient experienced abdominal pain despite the conscious sedation. She was observed in the emergency ambulatory care unit for 12 hours and discharged with orally administered ciprofloxacin for 5 days (500 mg, twice a day). In the evaluation of the aspirated material, low CEA (2,5 ng/ml) and high amylase (714 U/L) levels suggestive of pseudocyst were detected. Cytology results were suggestive of pseudocyst. Abdominal computerized tomography taken after the EUS procedure revealed a 37x30 mm diameter thick-walled cystic mass with a bleeding area between the head and the uncinate process was present. The platelet count and the international normalized ratio, determined before EUS, were within normal limits. No history of nonsteroidal anti-inflammatory drug (NSAID), including aspirin, were present during the week preceding EUS-FNA. Additionally hematology consultation for the rare causes of bleeding disorders did not reveal any abnormality.

Discussion: EUS-FNA is mainstay of diagnosis for the pancreatic cysts. The opacification of the cyst during aspiration is rare condition described in up to 6 % of patients undergoing EUS-FNA (1). During the EUS-FNA sudden change of hypoechoic content of the cyst into hyperechoic pattern should bring to mind the possibility of bleeding into the cystic space.

Keywords: Pancreatic cyst, hemorrhage, Eus



Figure 1
Pancreatic cyst in eus
a. Before aspiration.
b. After aspiration

References

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