

RF5. Acute Pancreatitis Following Percutaneous Mechanical Thrombectomy

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BACKGROUND Intravascular hemolysis-induced acute pancreatitis is a well-described phenomenon. We present a case of severe acute pancreatitis following percutaneous mechanical thrombectomy (PMT) and review the literature on the occurrence of this serious complication.

CASE A 53 year old male with presents with acute symptomatic occlusion of a left external iliac stent. PMT of the occluded stent with the Angiojet Xpeedior catheter (Possis Medical) was performed. The occlusion was initially laced with 10 mg of TPA using a power-pulse technique followed by mechanical thrombolysis. PMT of the occlusion (Fig 1a) uncovered an underlying inflow stenosis which responded well to additional stent placement (Fig 1b). Two hours post-procedure, the patient developed sudden onset of abdominal pain, nausea and hypotension with subsequent loss of left leg pulses. Emergent abdominal CT revealed severe acute pancreatitis (Fig 1c). Repeat angiogram demonstrated re-occlusion of the left external iliac stent. This responded well to repeat PMT and overnight catheter-directed thrombolysis with return of left leg pulses. Due to persistent pancreatitis, the patient required TPN for approximately three months as well as endoscopic transgastric drainage of a large pancreatic pseudocyst. Literature review confirms nine reported cases of acute pancreatitis attributed to PMT.

CONCLUSIONS Abdominal pain following PMT should raise concern for acute pancreatitis, an increasingly reported, yet under-recognized phenomenon. Caution should be exercised during PMT runs once flow has been established through the treated vessel. Further studies evaluating the risk factors and incidence of clinical and subclinical pancreatitis after this therapy may better define this serious complication.

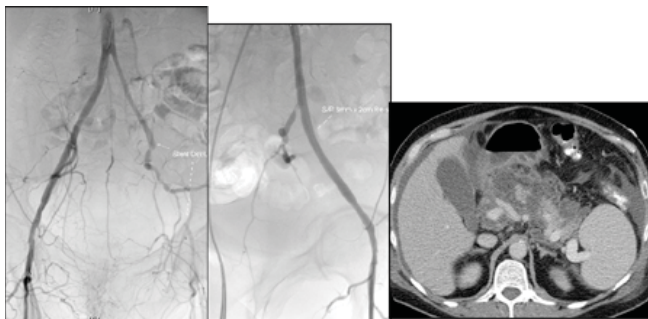


Fig 1a,b,c. a)Occluded left external iliac stent, b)Left external iliac following angiojet and stent placement, c)CT demonstrating acute pancreatitis following PMT