

HEMORRHAGIC SHOCK SECONDARY TO CYSTIC ARTERY PSEUDOANEURYSM

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INTRODUCTION

The **laparoscopic** approach has become the gold standard for **acute cholecystitis**. However, it could have some major complications such as bile duct injury or bleeding. Cystic artery pseudoaneurysms are rare. Requires a **high index of suspicion** and it may be present with complications that include haemobilia, biliary obstruction, and haemorrhage.

METHODS AND PROCEDURES

We present a 60-year-old man who underwent scheduled surgery for symptomatic cholelithiasis. As personal history, he had previously been admitted to the hospital for acute lactic cholecystitis, treated with cholecystostomy drainage and antibiotic. During surgery, the **main bile duct was accidentally injured and repaired with primary suture.** During the immediate postoperative period, the patient developed a biliary leak requiring stent placement.

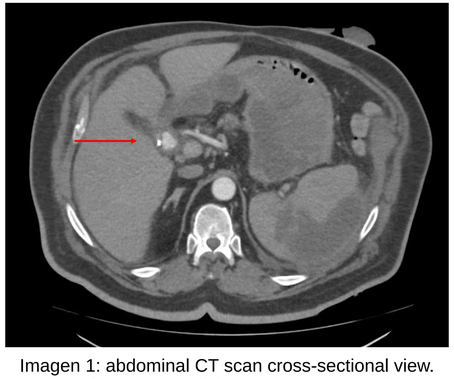


Imagen 1: abdominal CT scan cross-sectional view. Pseudoaneurysm of the cystic artery possibly fistulized into the duodenum.

At 30 days postoperatively, the patient started with hemodynamic instability and anemia. An abdominal CT scan was performed and showed a **cystic artery stump-dependent pseudoaneurysm** (imagen 1). The interventional radiology service successfully placed a stent (imagen 2 and 3).



Imagen 2: arteriography. Contrast leakage at the level of pseudoaneurysm of the cystic artery stump



Imagen 3: arteriography. Stent placed.

CONCLUSION

Cystic artery pseudoaneurysms are rare complications of a common operation but often caused by cholecystitis or iatrogenic biliary injury. The most common clinical presentation is haemobilia and therefore gastrointestinal bleeding postlaparoscopic cholecystectomy is an alarm symptom that missed diagnosis could cause significant morbimortality. **Angiographic approach** should be the treatment of choice.

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