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Ruptured pancreaticoduodenal artery aneurysm with pancreatitis treated by endovascular treatment and endoscopic treatment**Chan PARK**, Dong Eun PARK**Department of hepatobiliary surgery, Wonkwang University Hospital, Korea*

Introduction : Pancreaticoduodenal artery aneurysm(PDAA) is rare disease; a total of 63% of true PDAA are associated with celiac trunk lesions. Although true PDAA is rare, nearly 50% of PDAA present with rupture. Since surgical treatments shows higher mortality and morbidities, endovascular treatment is now considered as an appropriate initial modality. We report a case of ruptured PDAA combined with pancreatitis treated by endovascular treatment and endoscopic treatment.

Methods : A-50-year-old male with no significant medical history presented to our hospital with sudden onset of epigastric abdominal pain. There was no any kind of trauma. On admission, the patient's blood pressure was 50/40mmHg with the pulse rate 107bpm. Contrast enhanced CT after blood pressure stabilization showed hemoretroperitoneum due to ruptured PDAA.

Results : Emergency angiointervention was conducted immediately and embolization was successfully performed with NBCA. Although celiac artery stenosis(CAS) was observed at that time, it was about grade B and was not severe, so we decided to follow up. After endoscopic treatment for the observed infection and pancreatitis, the patient was discharged without significant complications .

Conclusions : Although true PDAA is rare, nearly 50% of PDAA present with rupture. No treatment guideline has been established for the management of PDAA. Most authors agree that the size of aneurysmal sac is not a risk factor for rupture and should be treated immediately after discovery. There is no consensus about the necessity of active treatment of accompanying MALS, but a decision making whether to proceed or not depending on the degree of CAS will be needed.

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