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## Inferior Pancreaticoduodenal Artery Aneurysm: A Case-series And Literature Review

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**Background** : The inferior pancreaticoduodenal artery (IPDA) arises as the first branch of the superior mesenteric artery (SMA). Visceral artery aneurysms are rare, occurring in 0.1-0.2% of the population. Aneurysms involving the IPDA account for less than 2% of visceral artery aneurysms. Given the rarity of this pathology, we assessed our electronic medical records for other cases of IPDA aneurysms and performed a literature review to determine the best management.

**Methods** : We completed a single centre analysis for cases of IPDA aneurysms that were surgically managed.

**Results** : Our case series yielded three patients with IPDA aneurysms, with a mean age of 57.5 years. Of these, two patients were female. Two of the patients had associated coeliac trunk stenosis, while the third patient's IPDA aneurysm was attributed to subclinical chronic pancreatitis. Only one patient had symptoms attributable to their IPDA aneurysm. A literature review showed that pancreaticoduodenal artery aneurysms have a high rupture rate of 62%, with no correlation between aneurysm size and incidence of rupture. Male sex is significantly associated with increased risk of aneurysm rupture. Rupture of a pancreaticoduodenal artery aneurysm is associated with a mortality rate of 21%. Coil embolisation is the treatment of choice in an IPDA aneurysm regardless of rupture.

**Conclusions** : This case series highlights two different mechanisms of IPDA aneurysm formation: pancreatitis and coeliac trunk stenosis. All three patients underwent successful endovascular management. Knowledge of IPDA aneurysm management is important for pancreatic surgeons due to the high mortality rate.

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