A 73-year-old woman with peripheral vascular disease underwent investigation for abdominal pain. Computed tomography (CT) demonstrated a visceral pseudoaneurysm (Fig. 1a, arrow) and coeliac artery stenosis with collateral filling of the hepatic artery via the gastroduodenal artery. There was no history of trauma or pancreatitis. Selective angiography on two occasions was unsuccessful in embolizing the pseudoaneurysm. Following a multidisciplinary review, endoscopic ultrasound (US) was performed and demonstrated the lesion clearly (Fig. 1b). A mixture of histoacryl glue and lipiodol was injected directly into the lesion (Fig. 1c, d). On completion of the procedure, the aneurysm was visualized according to the acoustic shadow cast by the glue (Fig. 1e). A follow-up CT angiogram 6 weeks later demonstrated the almost complete resolution of the lesion.

Angiographic embolization successfully treats the majority of visceral pseudoaneurysms.\(^1,2\) Occasionally, endoluminal stents\(^3\) and percutaneous injection\(^4\) have been used after failed embolization. Endoscopic US provides an alternative minimally invasive method of contemporary treatment.\(^5\)
Figure 1 (a) Computed tomography shows a visceral pseudoaneurysm (arrow) and coeliac artery stenosis with collateral filling of the hepatic artery via the gastroduodenal artery. (b) Endoscopic ultrasound (US) demonstrates the lesion clearly. (c, d) A mixture of histoacryl glue and lipiodol was injected directly into the lesion under US guidance. (e) The filled aneurysm casts an acoustic shadow on US.