A 56-year-old male patient presented with complaints of severe abdominal pain in the right paraumbilical region and had been admitted to the hospital elsewhere for 12 days. Investigations revealed a high total count of 18,700/cumm and had been admitted to the hospital elsewhere for 12 days. He had a history of acute pancreatitis related to alcohol before 6 weeks ago and had undergone ultrasound-guided aspiration of liver abscess 2 months ago. Computed tomography resonance cholangiopancreatography at 3 weeks to see for leak and PD-stenting SOS.

An ultrasound at 48 h revealed 3 ml collection. We plan to administer antibiotics for 10 days and review with magnetic resonance angiography of the abdomen showed a saccular pseudoaneurysm arising from the proximal part of hepatic artery. Interventional radiologist suggested hepatic artery pseudoaneurysms constitute 20% of all visceral artery aneurysms. It carries very high risk of rupture with severe bleeding into peritoneal cavity, bile duct, or portal vein. Essentially, all pseudoaneurysms, whether symptomatic or not symptomatic, require early treatment to prevent lethal complications.

**Case Report:** A 20-year-old male presented with abdomen pain in the right upper quadrant for 2 months. He had undergone ultrasound-guided aspiration of liver abscess 2 months ago. Computed tomography angiography of the abdomen showed a saccular pseudoaneurysm arising from the proximal part of hepatic artery.

Interventional radiologist suggested hepatic artery stenting across the neck of aneurysm and explained the associated risk of ischemia, infarction due to stent stenosis, thrombosis, and distal migration of stent. The patient chose endoscopic ultrasound (EUS)-guided coil embolization.

Packing with one coil of 10 mm and five coils of 6 mm size through a 19-gauge needle caused 80% obliteration of the sac. Five days later, EUS assessment showed the injected coils were collected into the most distal part of the aneurysm, but the flow into a smaller cavity continued with high velocity. During the second attempt, four coils of 10 mm size were deployed. Postcoiling, EUS assessment still showed flow into the aneurysm. Three more coils of 8 mm size were placed and complete obliteration of aneurysm was confirmed by contrast injection and EUS. One week later, follow-up color Doppler abdomen showed no flow in the pseudoaneurysm.

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