Results A total of 15 cases were identified, splenic artery was the origin in thirteen and gastroduodenal artery in two. All patients were male, pancreatitis accounted for 14 (93.33%) and trauma for 1 (6.66%). All patients were symptomatic with abdominal pain (80%), GI bleed (66.66%) and fall in hemoglobin (66.66%) being the common symptoms. CECT with vascular reconstruction was the best investigatory modality to identify them. Anglo-embolization was used in two patients with good outcomes. Percutaneous thrombin was used in one patient but unsuccessful. Surgery was used in 13 patients (distal pancreaticoduodenectomy - 8, transpap nodemucosal ligation - 3 and direct aneurysm excision - 1).

Conclusions Visceral arterial pseudo aneurysms are not as rare as previously thought and the incidence is rising as our threshold for imaging is falling. Their management is multidisciplinary and depends on the resources available. All of them are invariably symptomatic and require intervention of some sort for a permanent control. The threshold to offer surgery should be low as the morbidity (26.66%) and mortality (6.66%) are relatively low.

Conclusions The formation of gallstones post gastric bypass is a known entity and they can migrate into the CBD. Management of these presents a unique dilemma. LAERCP (Laparoscopic ERCP) is a reliable option for common bile duct clearance; our technique of LAERCP is technically simple and associated with low complication rate, making it appealing to surgeons trained in laparoscopy.