

Hemosuccus Pancreaticus: Diagnostic Pitfalls of a Rare Condition

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BACKGROUND

- The combination of cirrhosis and chronic pancreatitis is rare and poses increased risk of hemorrhage requiring close clinical monitoring
- Cirrhosis related luminal bleeding
 - Varices, PUD, MW, PHG, EE
- Acute Pancreatitis related luminal bleeding
 - PUD
 - However, 50% extraluminal

CASE DESCRIPTION

- 31yoF
- Decompensated alcoholic cirrhosis, chronic pancreatitis presented
- P/W hypovolemic shock in the setting of epistaxis and tertiary adrenal insufficiency
- Required blood products, pressor support, and stress dose steroids
- Epistaxis resolved and she was weaned off pressors with stable hemodynamics
- Endoscopy initially deferred given recent negative study
- She was transferred to the medical ward. While she remained hemodynamically stable
- Sudden onset of abdominal pain and hematochezia
- Repeat EGD with fresh blood and clots from the ampulla **(A)**
- CT angiography revealed active arterial bleeding within the pancreatic head **(B)**
- Hemostasis achieved via IR guided coil embolization of the right gastroepiploic artery and gel foam embolization of the gastroduodenal artery and pancreaticoduodenal arcade **(C)**

IMAGES

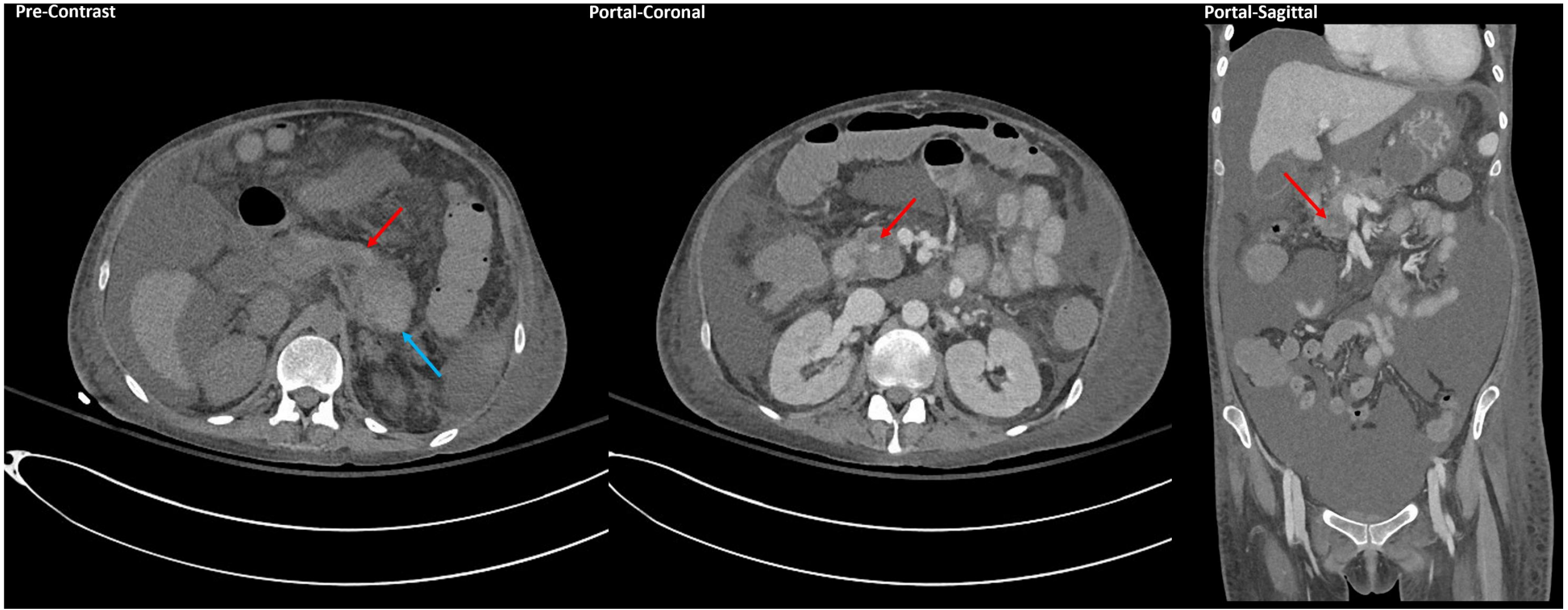


Image B: CT angiography series showing contrast in the duodenal lumen at the level of the ampulla consistent with hemorrhage via the pancreatic duct.



Image C: X-ray showing coil embolization of the right gastroepiploic artery and gel foam embolization of the gastroduodenal artery and pancreaticoduodenal arcade.

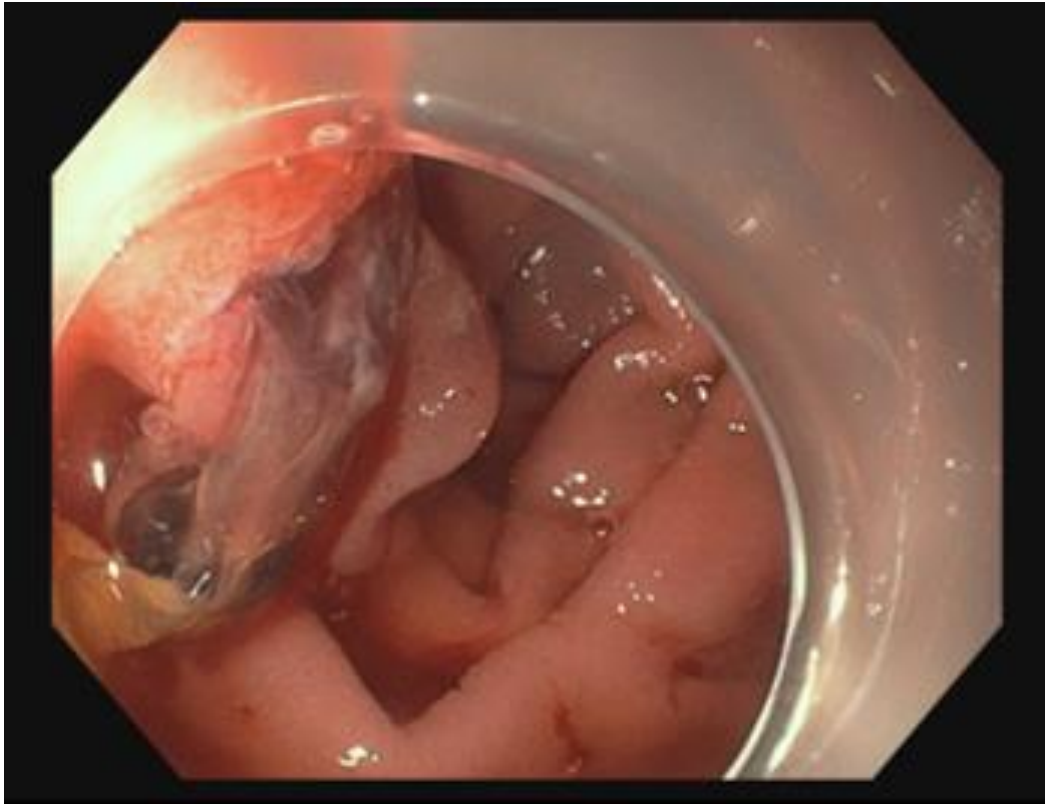


Image A: Endoscopic visualization of the proximal duodenum with apparent fresh and clotted blood emanating for the ampulla.

DISCUSSION

- It is important to consider other hemorrhagic processes than variceal bleeding, particularly those related to any underlying pancreatic disease,
- Chronic pancreatitis is present in 76% of cases of HP and acute pancreatitis is present in 13%
- Pseudoaneurysm rupture most common cause
- Pseudoaneurysms are common and most never result in bleeding
- HP may present as melena or hematochezia and less often hematemesis. Bleeding and abdominal pain are often intermittent
- Endoscopy has sensitivity of around 81%
- Optimizing the sensitivity of endoscopy requires careful inspection of the papilla
- CT angiography is the gold standard for diagnosis
- For these multiple reasons, a negative endoscopy does not preclude a diagnosis of hemosuccus
- HP mortality is reported as high as 9.6% and may exceed 90% without adequate intervention
- Endovascular and surgical management are effective in controlling hemorrhage and reducing mortality;
- Recurrence of HP after effective treatment is rare

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