A Rare Case of Recurrent Hemosuccus Pancreaticus

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Background

- Hemosuccus pancreaticus is a rare cause of GI bleed characterized by intermittent bleeding from the major duodenal papilla.
- It should be considered in patients with chronic pancreatitis as the inflammation causes gradual arterial wall necrosis and leads to the formation of a visceral artery pseudoaneurysm.
- These pseudoaneurysms are seen in 10% of chronic pancreatitis cases.

Case Presentation

- 65 y.o M with PMHx of recurrent alcoholic pancreatitis, IDA, and pancreaticoduodenal pseudoaneurysm s/p coil embolization 2019 was evaluated for hematochezia >6 months.
  - Outpatient workup was negative. CT A/P showed an enlarged pancreas with dilated pancreatic duct to 6.5mm. EUS showed a normal pancreatic duct and a 3.4 x 2.5cm cystic lesion with a well-defined border and anechoic center at the head. The anechoic center showed vascular flow with color doppler. Repeat CT A/P showed 1.6 cm saccular aneurysmal dilation of the superior pancreaticoduodenal artery. Patient was to be evaluated by vascular surgery.
- Patient was admitted for abdominal pain and hematochezia prior to evaluation. His admission hgb was 7.8, baseline 12.
  - EGD showed fresh blood in the 2nd portion of duodenum with fresh oozing coming from ampulla.
  - An aortogram showed a pseudoaneurysm of the gastroduodenal artery (GDA) with no active bleeding. It was embolized with a subsequent angiogram showing success.

Clinical Course

- One month after discharge, the patient presented again with similar complaints.
- CTA showed a recurrent 1.5cm saccular pseudoaneurysmal dilation of the superior pancreaticoduodenal artery and a hyperdense intraluminal focus of distal descending colon, suggestive of a GI bleed. Colonoscopy showed a large amount of dark red blood mixed with stool. VCE was unremarkable. NM scan showed a slow bleed from left common/internal iliac artery and pooling superior to bladder suggestive of active bleed.
  - An angiogram showed extravasation from the GDA, which was embolized along with the recurrent pseudoaneurysm again.
- Patient was asymptomatic at the next follow up visit and will be followed up with surveillance CTA A/P every 3-6 months.

Images

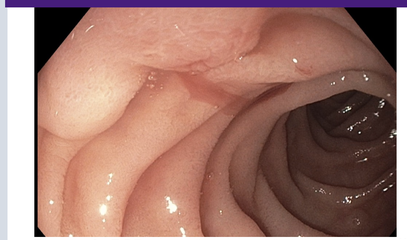

Figure 1: EGD showing bleeding from ampulla.

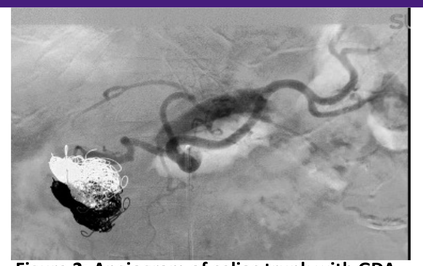

Figure 2: Angiogram of celiac trunk with GDA pseudoaneurysm.

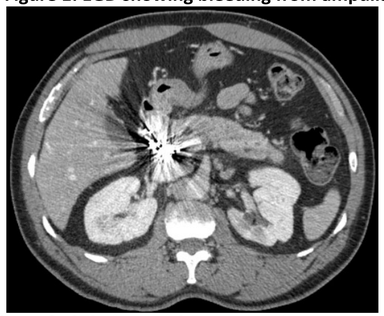

Figure 3: CTA showed 1.5 cm saccular pseudoaneurysmal dilatation of the superior pancreaticoduodenal artery.

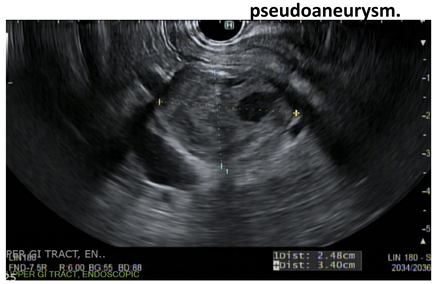

Figure 4: EUS showed a 3.4 x 2.5 cm cystic lesion with anechoic center.

Discussion

- Hemosuccus pancreaticus caused by gastroduodenal artery pseudoaneurysm is reported to be <2%.
- The success of the embolization within the first 6 months is estimated to be 67-100% with rebleeding chance averaging 37%. The hypothesis for rebleeding is thought to be due to collateral vessels.
- In this case, there was no further extravasation of contrast seen after embolization. Despite that, the patient developed recurrent symptoms with the development of another aneurysm involving the same artery one month later. This case is unique in that the patient initially had a successful embolization in 2019 of an aneurysm involving the same artery without any bleeding until about 2 years later.
- Recurrence or formation of new pseudoaneurysms usually occur within the first 6 months after embolization, and the rate is usually low.
- This case shows that hemosuccus pancreaticus can recur even after the initial 6-month period after a successful embolization.

References

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No conflicts of interest to disclose.