An Unusual Case of Chronic Pancreatitis Presenting With Recurrent Obscure Gastrointestinal Bleeding

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Case Presentation

48-year-old man with a history of recurrent gastrointestinal bleeding arrives with two days of dark red blood per rectum. Of note, the patient had several endoscopies, the most recent six months prior was unremarkable. He consume 6-7 bottles of beer per week. Physical examination revealed tachycardia and epigastric tenderness. Blood work showed anemia and leukocytosis. The abdominal and pelvic CT scans were unremarkable.

EGD revealed a small gastric oozing site (Image A) suspected to be a dieulafoy's lesion, which got clipped. He continued to pass dark red blood per rectum. Additional EGDs were unremarkable. Abdominal CTA noted active extravasation in the 2nd segment of the duodenum (Image B). Mesenteric angiography was performed with ligation of the gastroduodenal artery.

His symptoms persisted requiring exploratory laparotomy (Ex lap). An edematous head and an uncinate process of the pancreas with venous engorgement were seen. There was also erosion into the duodenum and acute hemorrhage (Image C). A duodenotomy and Roux-en-y (duodenojejunostomy and jejunojejunostomy) were performed. Following surgery, he remained hemodynamically stable and got discharged.

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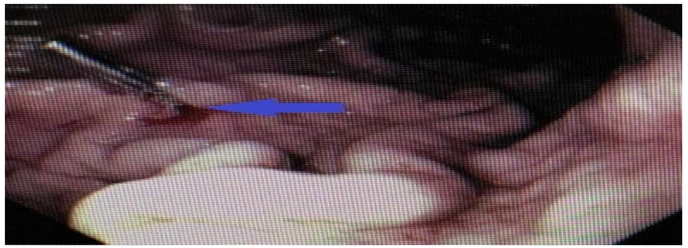
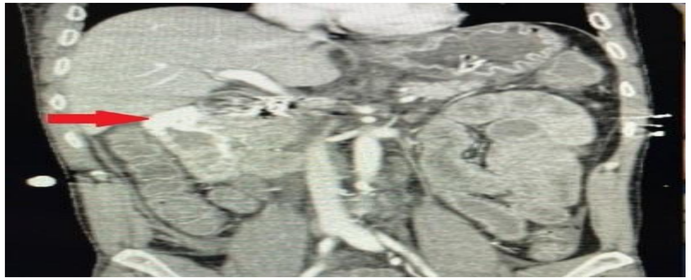
Images



(A) EGD with the gastric oozing site & clips.



((B) CTA with extravasation in the second segment of the duodenum.

(C) Posterior aspect of head of pancreas and uncinate with venous engorgement.

Discussion

Chronic pancreatitis (CP) is a sequela of repeated pancreatic injury resulting in loss of pancreatic function (1). In most cases, CP presents with chronic abdominal pain and patients usually have either clinical or radiological features of CP, with GI bleeding a very rare occurrence (2).

Massive obscure GIB due to complications of pancreatitis rarely does occur. A few cases reported are due to complications resulting from hemosuccus pancreaticus, pseudoaneurysm from a vascular supply, or erosion into adjacent viscus in the setting of known pancreatitis (3).

Our patient represents an unusual presentation in which his recurrent obscure massive GI bleeding was the initial presentation of CP. We present this case to broaden our knowledge that obscure GI bleeding can be a complication of CP and the only manifestation of the disease.

References

(1) Ramsey et al Complications of Chronic Pancreatitis PMID: 28281169; PMCID: PMC5667546.
(2) Duggan SN, et al. Chronic pancreatitis: A diagnostic dilemma. PMID: 26900292; PMCID: PMC4735004.
(3) Tarar ZI, et al. Hemosuccus Pancreaticus: PMID: 35045737; PMCID: PMC8796068