

A Case of Duodenal Obstruction from Pancreatitis-Induced Duodenal Wall Hematoma

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INTRODUCTION

- ❖ Spontaneous duodenal wall hematomas can be a complication of pancreatitis²⁻⁶.
- ❖ Patients can present with symptoms of small bowel obstruction. They should initially be managed conservatively but worsening hematoma may require invasive management.

HPI

- ⑩ 48-year male with history of alcohol dependence and excessive non-steroidal anti-inflammatory drugs (NSAIDs) use presented with abdominal pain, nausea, vomiting.
- ⑩ The symptoms have been going on for a month. Two weeks prior to current presentation, a computed tomography (CT) scan showed pancreatic head stranding and serum lipase was 172.
- ⑩ Outpatient conservative management was planned but patient presented with worsening obstructive gastroenterology (GI) symptoms requiring a nasogastric tube.
- ⑩ The patient denied recent trauma or anticoagulant use.

Examination

- ⑩ Temperature 99.5, heart rate 112 and moderate diffuse abdominal tenderness was noted, greatest in the epigastric area.

Work up

- ⑩ **Lipase:** 185.
- ⑩ **CT abdomen:** Large descending duodenal wall hematoma with partial proximal obstruction and pancreatitis in the pancreatic head.
- ⑩ **EGD:** Collapsed 2nd portion of duodenum, without any mucosal lesion.

Management

- ⑩ Symptoms worsened and CT angiography showed enlarging hematoma, so evacuation was planned.
- ⑩ Pre-evacuation, the gastroduodenal and inferior pancreaticoduodenal artery were embolized to prevent further expansion of the hematoma followed by a laparoscopic drainage.

Outcome

- ⑩ Post-procedure, the patient's obstructive symptoms resolved with improved oral intake, and he was discharged on regular diet.

FIGURE 1: Duodenal hematoma with peripancreatic stranding consistent with acute pancreatitis

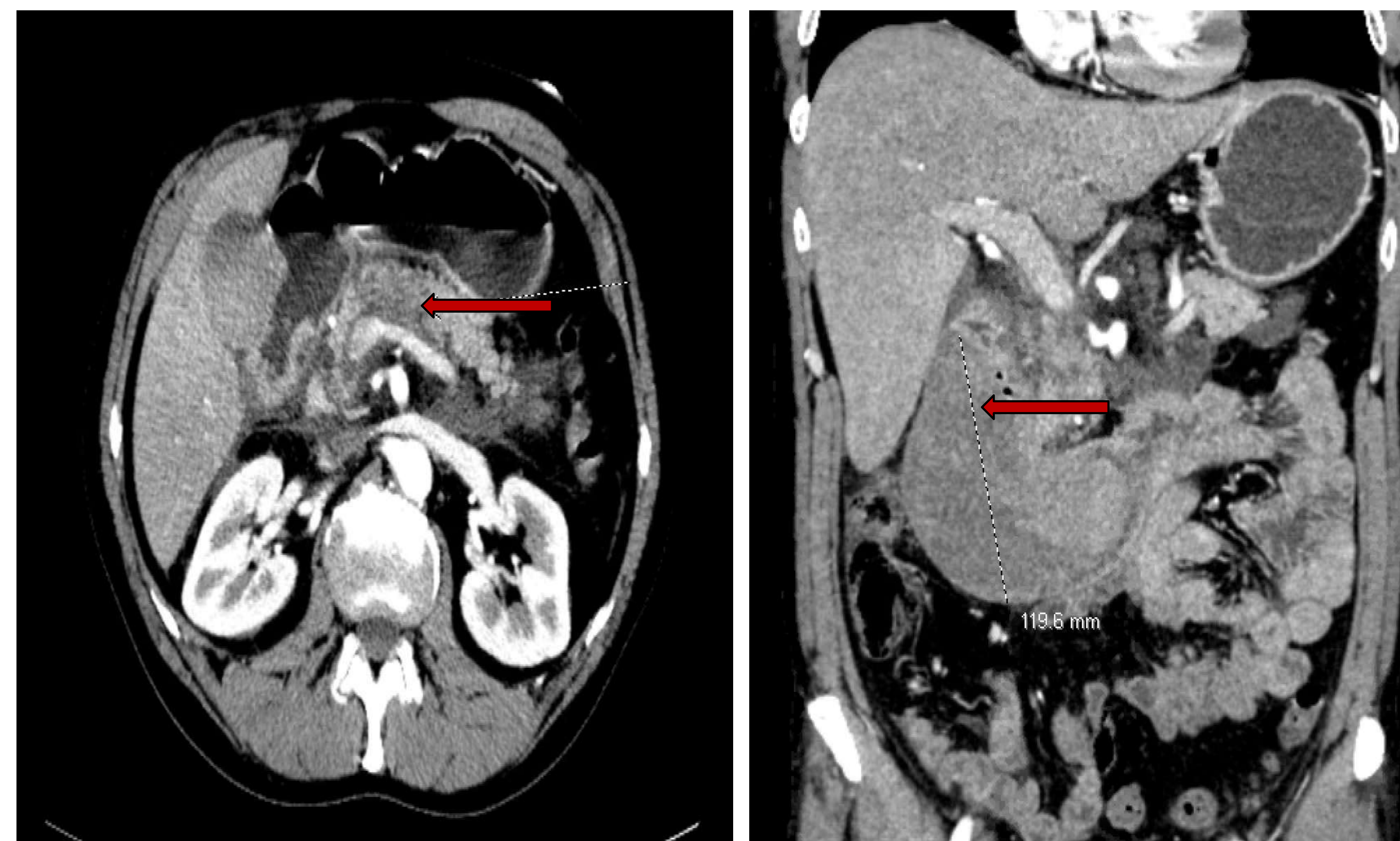
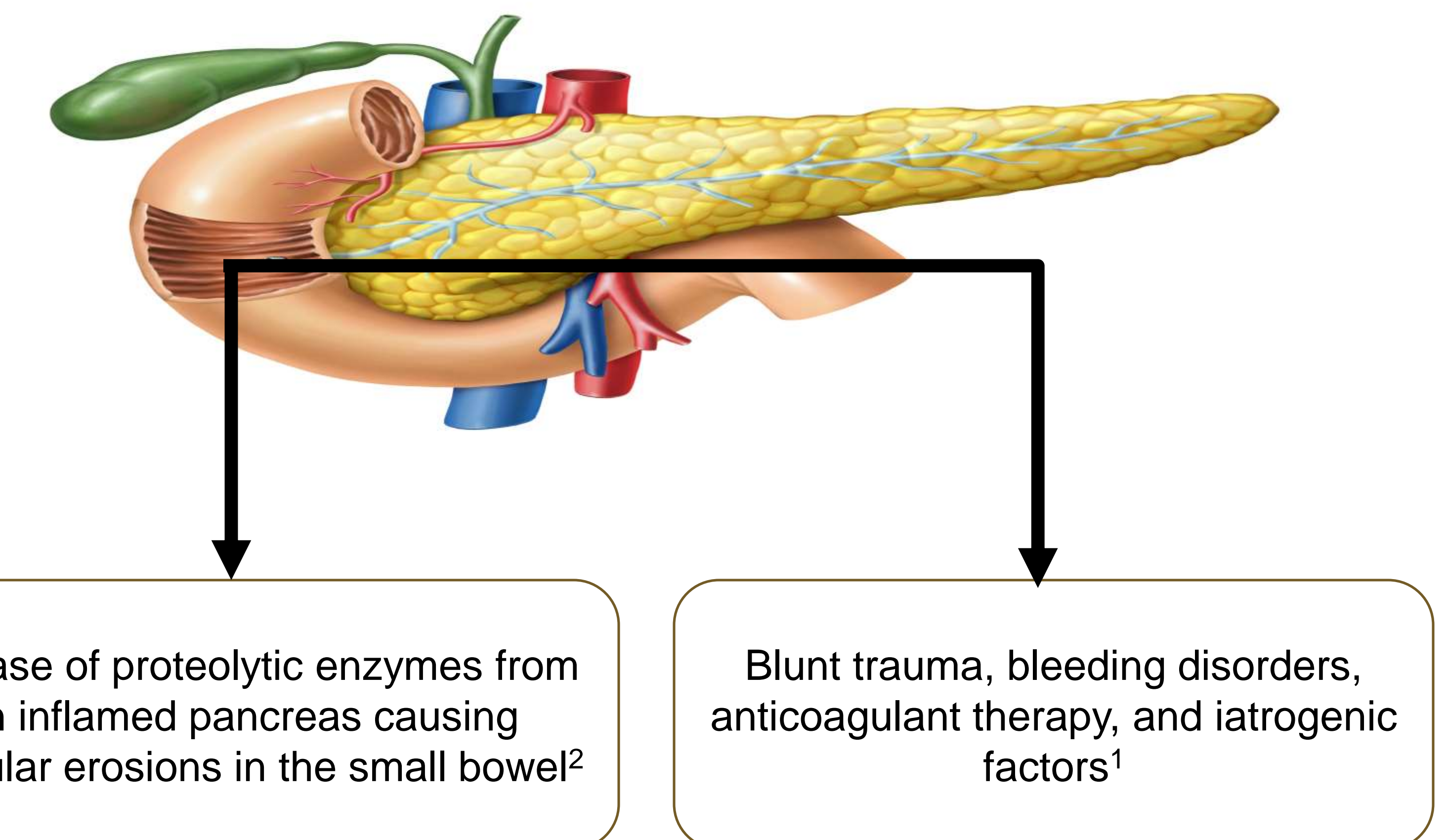


FIGURE 2: Pathogenesis of Duodenal Wall Hematoma



DISCUSSION

- ❖ Spontaneous duodenal hematomas may be a rare complication of pancreatitis²⁻⁶.
- ❖ Management includes supportive care, but drainage of the hematoma may be required if hematoma is expanding with worsening obstructive symptoms.
- ❖ A prophylactic arterial embolization may help drainage by stabilizing the bleeding and enable a minimally invasive drainage.

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