This is so complicated: PANCREATICO-SPLENO-COLONIC FISTULA PRESENTING AS GASTROINTESTINAL BLEEDING

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Introduction

Gastrointestinal bleeding is common in clinical practice with variable etiology, we present a rare case of pancreatic pseudocyst complicated by spleno-colonic fistula manifesting with brisk hematochezia

Case Description

A 50-year-old male with no significant past medical history presented with fever and acute encephalopathy.
He subsequently had a prolonged and complicated hospital course with a new diagnosis of Human immunodeficiency virus/Acquired immunodeficiency syndrome, disseminated tuberculosis, and chronic pancreatitis with a pancreatic pseudocyst.

During hospitalization, the patient suddenly developed passage of bright red blood per rectum over 48 hours with down-trending hemoglobin. Hemoglobin dropped from 9.6 g/dL to 5.0 g/dl (Normal: 12-16g/dL) over 48 hours. He required multiple units of packed red cell, platelets, and fresh frozen plasma transfusion.

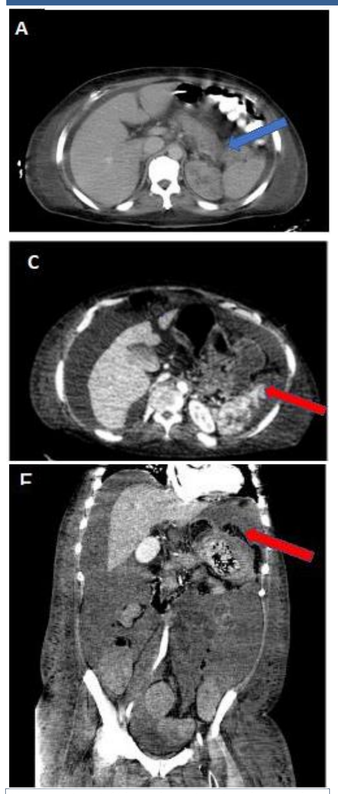
Case Description

The patient underwent a tagged Red blood cell scan with radiolabeled 28.4 mCi of Tc-99m. Red blood cell tagged Tc 99m gastrointestinal bleeding scan showed large brisk pooling of the radiotracer in the splenic flexure consistent with significant active hemorrhage in the region of the splenic flexure. There was a retrograde flow of the tracer into the transverse colon and antegrade flow into the descending colon.

Retrospective evaluation of the prior CT scans demonstrated possible communication between the splenic flexure, pancreatic pseudocyst as well as the spleen which was the likely source of the GI bleed.
The patient had a total of 35 units of packed red blood cells transfused, 8 units of platelets, and 7 units of fresh frozen plasma during his hospital course.

The patient failed multiple attempts at Interventional radiology arterial embolization and due to multiple co-morbidities, he was not a candidate for surgical intervention. He later died after 6 months of hospitalization.

Images



Non-contrast (A) and contrast enhanced axial (B, C) and coronal (D, E) computerized tomographic scan of the abdomen of a 50-year-old male with demonstrate cystic mass at the tail of pancreas (blue arrow) communicating with the spleen and splenic flexure of the colon(red arrow).

Tc-99m tagged RBC showing radiotracer in the splenic flexure, transverse colon and descending colon

Discussion

There have been reported cases of pancreatico-colonic fistula and spleno-colonic fistula, arising from pancreatic pseudocysts and pseudo aneurysms associated with trauma, pancreatitis, and Crohn's disease.

Pancreatico-spleno-colonic fistula is a rare and complex entity usually presenting with massive gastrointestinal bleeding.

Conclusion

Pancreatico-enteric or Pancreatico-colonic fistula, although uncommon, is a possible etiology of brisk gastrointestinal bleeding in setting of acute or chronic pancreatitis with pseudocyst. Prompt imaging is key to accurate diagnosis and management.

References

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