

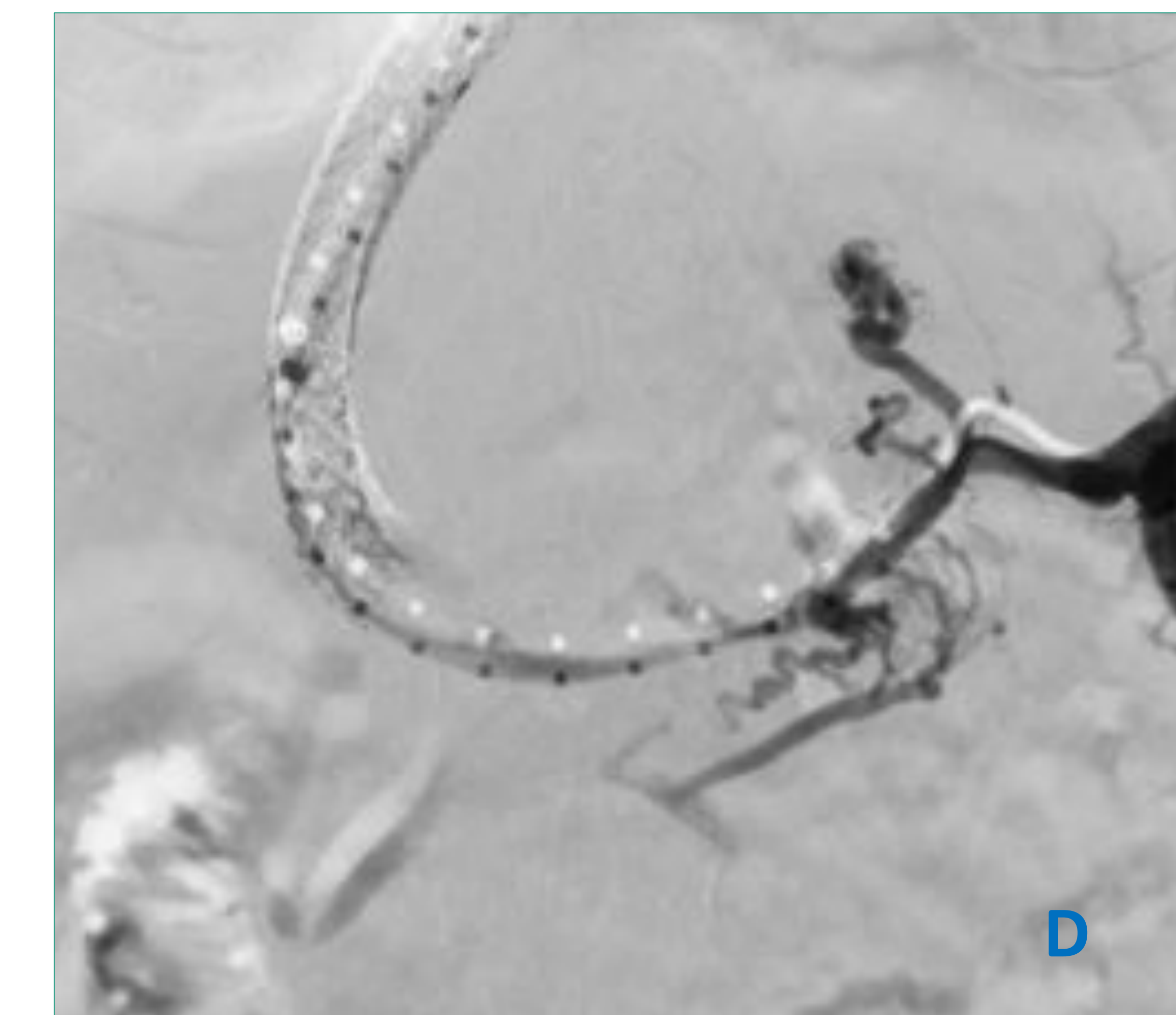
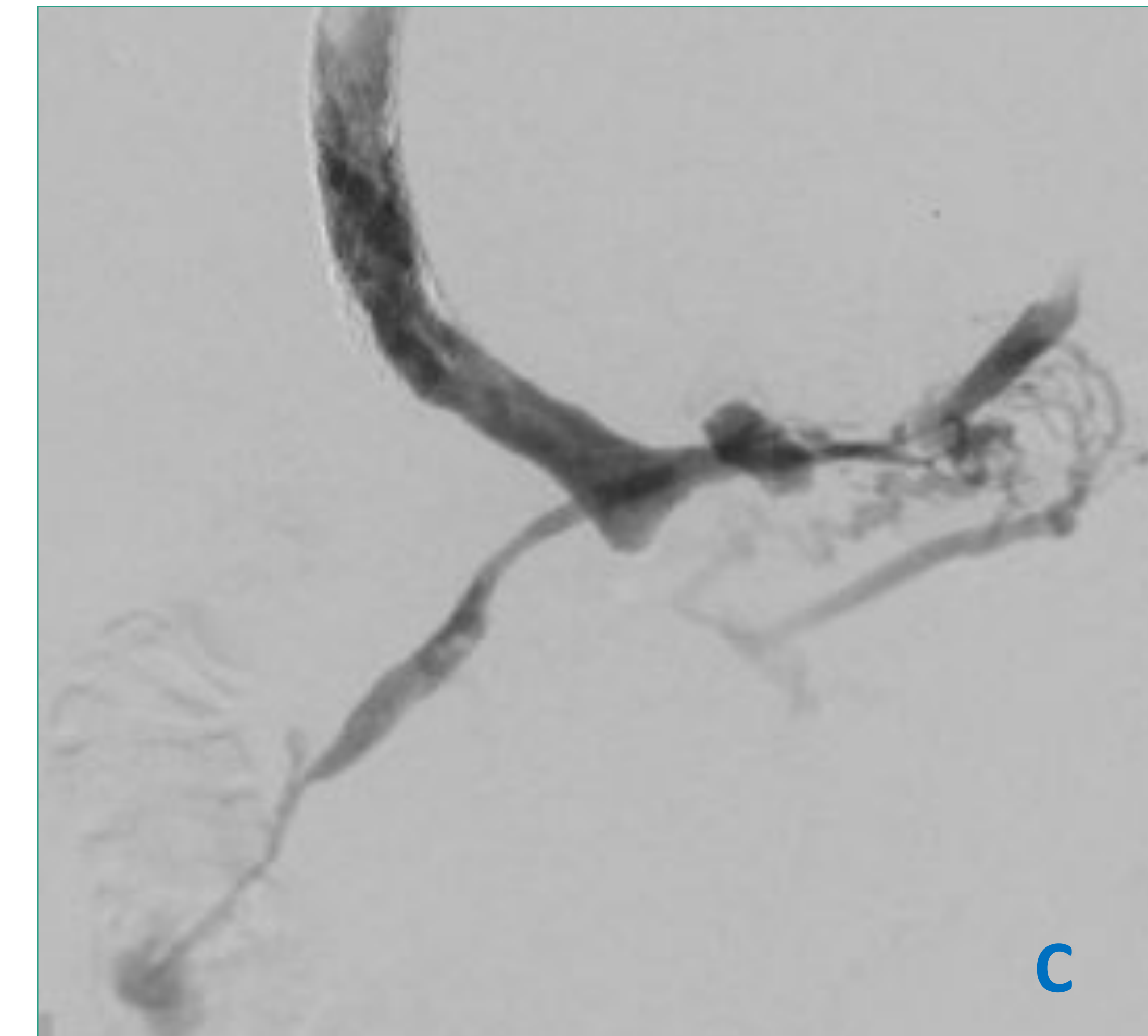
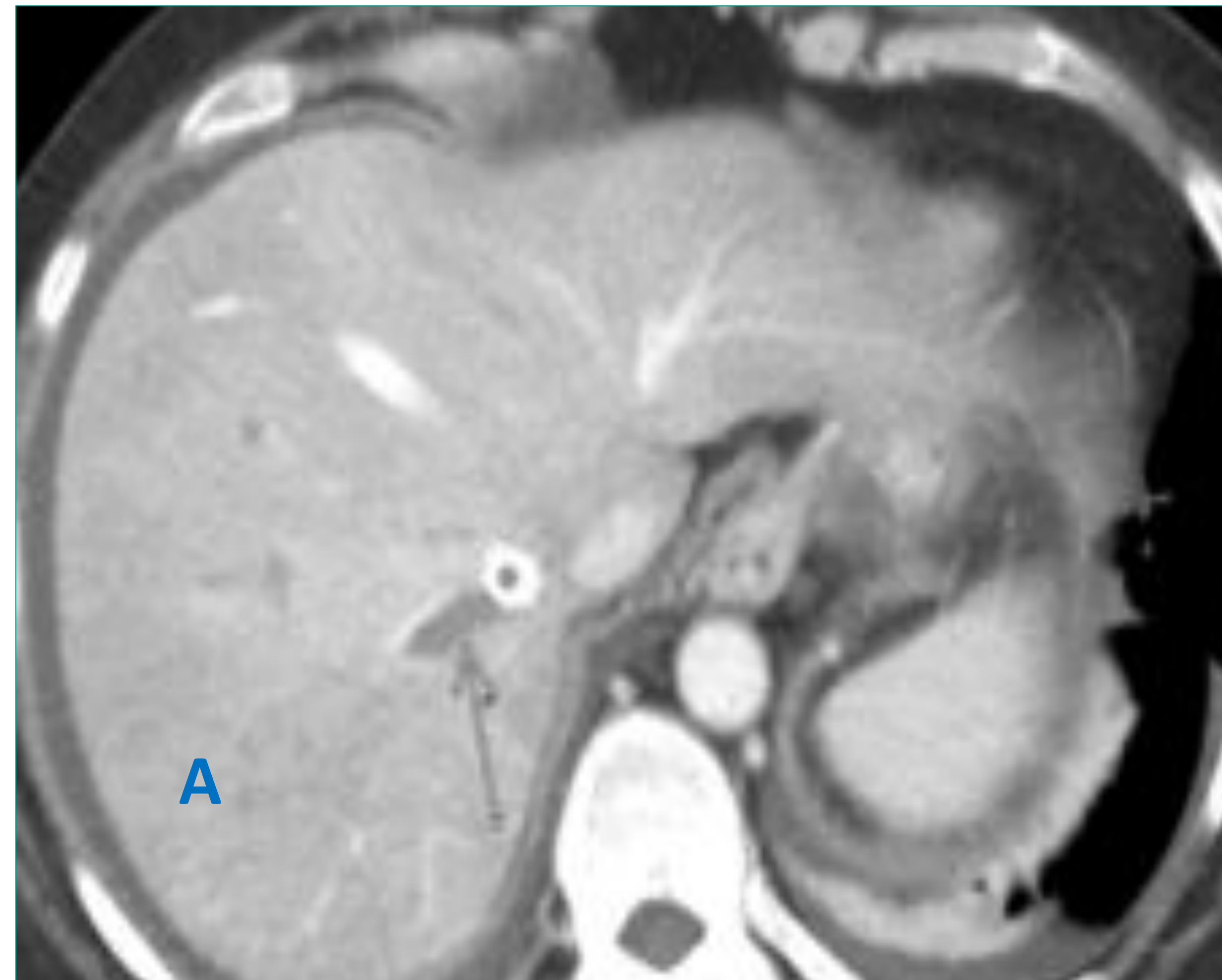
Farah Kassamali, MD¹, Edward W. Holt, MD²
^{1,2} California Pacific Medical Center, San Francisco, CA

OVERVIEW:

Gastrointestinal bleeding due to a direct communication between a pancreatic fistula and the splenic vein

LEARNING POINTS:

1. "Sinistrial" portal hypertension is known as left-sided portal hypertension and often manifests as isolated gastric varices, with or without bleeding.
2. Splenic vein thrombus can lead to sinistrial pHTN
3. Hemosuccus pancreaticus is a rare cause of GIB from the pancreatic duct; it involves the Splenic Artery in 60-65% of cases.



CASE:

55 y/o female with history of endometrial cancer, lower extremity thrombus, and alcohol use presenting with abdominal pain and maroon stools.

- EGD: small EV w/o red wales or stigmata of hemorrhage. No gastric varices.
- CTAP: extensive subacute thrombus of the R and L portal veins (PV), main PV, SMV, and SV (Figure A,B)

She began anticoagulation and underwent TIPS (Figure C). Due to recurrent bleeds, she required TIPS revision and mechanical thrombectomy.

Subsequent ultrasound demonstrated TIPS thrombosis again. During TIPS revision, a pancreatic duct-splenic vein fistula was noted. She received a splenic vein stent (Figure D).