A VERY REAL GI BLEED: PSEUDO-ANEURYSM

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Introduction

- Upper Gastrointestinal (GI) bleed – various causes
- Myriad of different presentations
- Common causes – routinely identified and easily treated
- Some rare causes can prove fatal, if missed
- Case: patient with known history of alcohol abuse disorder and recurrent acute pancreatitis complicated by splenic artery pseudo-aneurysm causing GI bleed.

Case

- 60 years old female
- Past medical history: hepatitis C, recurrent acute alcoholic pancreatitis, liver cirrhosis
- Hospitalized for treatment of infected back wound with intravenous antibiotics
- Day 12: hematemesis with hemodynamic instability
- Upper endoscopy - large >5 cm protuberant soft lesion with ulceration and no active bleed in fundus; concerning for vascular lesion
- CT abdomen - interval enlargement of a previously demonstrated pancreatic pseudocyst measuring 8.6x9.1x11.1cm.
- Density of contents: 52-56 Hounsfield (Image 1).
- Patient developed hematochezia
- CT angiogram with GI protocol: no active extravasation.
- Suggestive of hemorrhage into pseudocyst with erosion into fundus

Case

- Arterial angiogram with Interventional Radiology (IR).
- Splenic artery pseudo-aneurysm with active contrast extravasation
- Likely secondary to acute recurrent pancreatitis.
- Underwent gel foam coil embolization of splenic artery (Image 2) with resolution of UGIB.

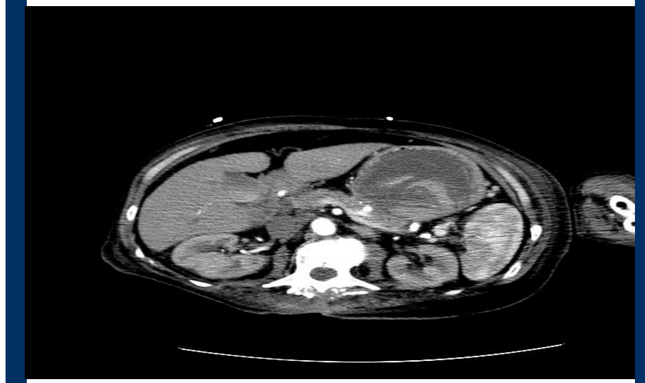

Image 1

Discussion

- Rare: > 200 cases
- Infrequent yet life-threatening cause of GI bleed
- Usual presentation may be upper or lower GI bleed or both.
- High index of suspicion with history of pancreatitis.
- Essential to identify early to reduce morbidity and mortality.
- Role of IR in management of hemorrhagic pseudo-aneurysms.

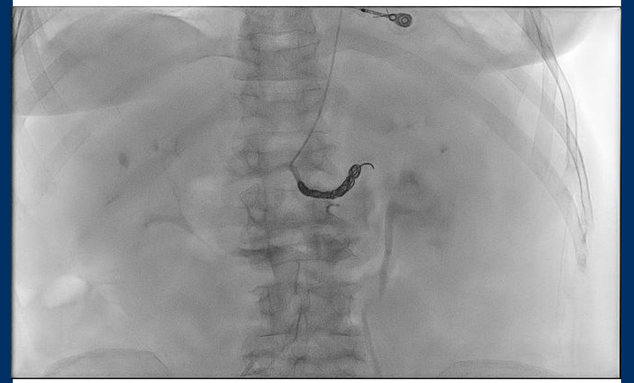

Image 2