If It Bleeds, It Leads: Endoscopic Presentation of Hemosuccus Pancreaticus

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Case Presentation

A 65-year-old male presented as a transfer to our institution for further evaluation of shock.

Pertinent medical comorbidities included active alcohol use disorder and alcohol associated hepatitis.

Prior to transfer, our patient was treated for new onset atrial fibrillation with rapid ventricular response with cardioversion and systemic anticoagulation.

On arrival at UIHC hemoglobin subsequently down-trended from a previously normal baseline ~15 to a nadir of ~7. Several episodes of witnessed melena were documented, and the gastroenterology service was consulted. At time of consult, he had no known prior history of GI bleeding or cirrhosis.

Endoscopic findings

- Small amount of hematin in the stomach without concerning source lesions
- Duodenum notable for scant fresh red blood and small clean-based ulcers thought secondary to recent hypotension and ischemia
- Prolonged examination of the duodenum with assistance of endoscopic cap demonstrated intermittent fresh blood originating from the ampulla consistent with hemosuccus pancreaticus (Fig 1)

We present a case of **hemosuccus pancreaticus** along with accompanying endoscopic findings as well as subsequent workup and management

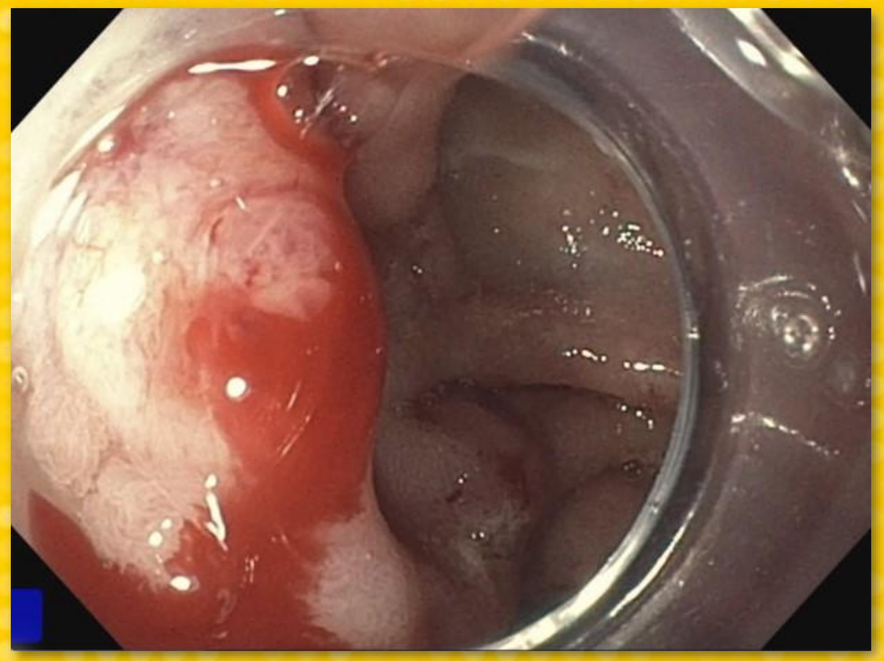

Figure 1 Intermittent active bleeding from the ampulla of Vater

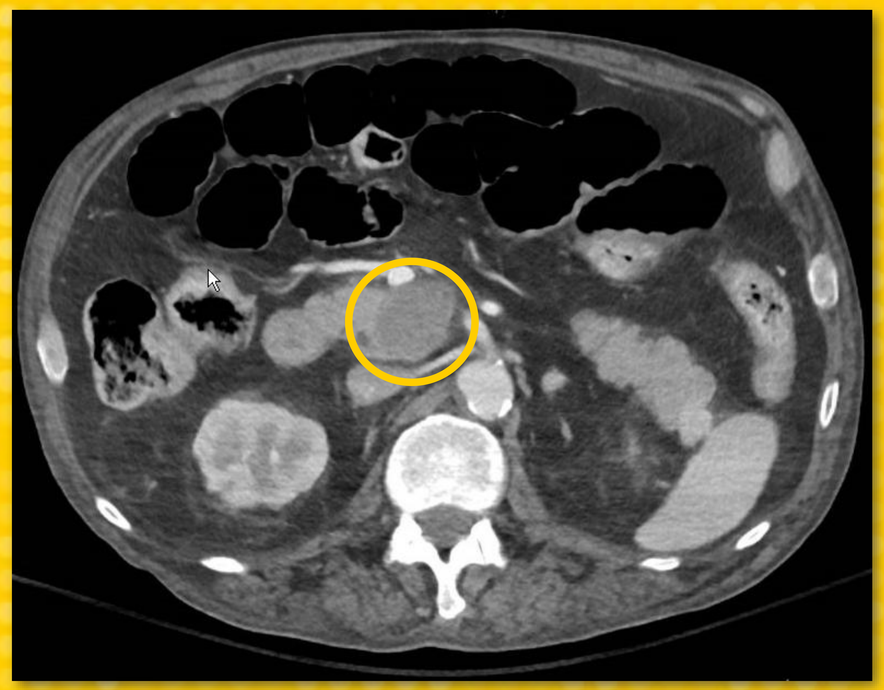

Figure 2 Follow up CT angiography showing 4 cm partially thrombosed aneurysm adjacent to pancreatic duct

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Further workup and management

- CT angiography showed 4 cm thrombosed aneurysm in the pancreatic head abutting the distal main pancreatic duct that was concerning for the likely source lesion
- Patient was offered interventional radiology intervention, but in light of multiple medical comorbidities and prolonged critical illness, patient and family instead opted for hospice placement

Discussion

Hemosuccus pancreaticus is typically associated with pancreatic vascular pathology that cause luminal bleeding via erosion of pancreatic blood vessels in communication with the pancreatic duct.

The source of bleeding is often an arterial aneurysm or pseudoaneurysm and associated bleeding can be severe and life-threatening.

Active hemorrhage from the duodenal ampulla is a rare endoscopic finding and is frequently intermittent. In patients with obscure upper GI bleeding, a high index of suspicion is required to ultimately make the diagnosis.

Conclusions

- Endoscopic evidence of active ampullary bleeding is rare, as bleeding is typically intermittent
- Patients with suspected or confirmed hemosuccus pancreaticus merit dedicated vascular imaging
- Angiography and coil embolization are the preferred definitive management

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