



Image of the Month

Hemosuccus pancreaticus and hematochezia – An unusual presentation of a rare disease[☆]

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A 52-year-old male with history of excessive alcohol use was evaluated for abdominal pain and hematochezia. Colonoscopy was only significant for a single diverticulum in the transverse colon and esophagogastroduodenoscopy was negative. Deep anterograde and spiral retrograde endoscopies also did not reveal any abnormality. Intra-operative enteroscopy showed few non-bleeding small angioectasias in the jejunum and ileum that were ligated. Despite these interventions, the patient presented again with hematochezia and epigastric pain.

Subsequent CT angiography (Fig. 1) revealed a 7 mm mid-splenic artery saccular aneurysm arising from the inferior wall of the splenic artery, abutting the tail of the pancreas with pancreatic duct dilatation, thus establishing the diagnosis of hemosuccus pancreaticus (HP). Coil embolization by interventional radiology (IR) of this saccular aneurysm was successful (Fig. 2). Since the procedure,



Fig. 1. Computed tomography angiogram reveals mid-splenic artery aneurysm (arrow).



Fig. 2. Angiogram by interventional radiology shows successful splenic artery embolization (arrow) along with downstream migration of the coils into the splenic artery bifurcation.

the patient has had no further episodes of gastrointestinal bleeding (GIB).

HP is a rare cause of GI hemorrhage, that usually occurs due to rupture a peripancreatic vessel pseudoaneurysm into the pancreatic duct resulting in GIB. Clinical features include intermittent epigastric pain and GIB, most commonly hematemesis or melena, but hematochezia has been rarely reported [1]. Endovascular embolization is the initial treatment for HP. This case highlights that HP should be considered in patients with GIB, particularly those with negative evaluation of more common causes and a history of chronic alcohol ingestion.

Conflict of interest

None declared.

Reference

- [1] Sakorafas GH, Sarr MG, Farley DR, Que FG, Andrews JC, Farnell MB. Hemosuccus pancreaticus complicating chronic pancreatitis: an obscure cause of upper gastrointestinal bleeding. *Langenbecks Arch Surg* 2000;385(2):124–8.

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