Unusual cause of gastrointestinal bleeding in a patient with chronic pancreatitis

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CASE

A 40-year-old woman with a history of chronic alcoholic pancreatitis, hypertension, and dyslipidemia presented with a 2-day history of left upper quadrant abdominal pain, hematemesis, and hematochezia. On examination, she had pale conjunctiva, a blood pressure of 136/99 mmHg, and a heart rate of 115 beats per minute. Initial laboratory work-up was remarkable for anemia with a hemoglobin level of 9.0 g/dL and a lipase of 1,306 IU/L. Computed tomography (CT) abdomen showed multiple pancreatic pseudocysts in the pancreatic tail with intrasplenic involvement and suspected splenic artery aneurysm. CT angiography of abdomen revealed a saccular splenic artery aneurysm, measuring 2 cm in diameter, with a mass effect on the pancreatic tail with no active extravasation suggesting no active bleeding (Figure 1A). A trial for coil embolization was unsuccessful because of the proximity to the hilum and tortuosity of the pseudoaneurysm neck (Figure 1B). Conservative management was planned with a close follow-up due to its small size and no active bleeding. Months later, her medical course was complicated by a splenic artery aneurysm rupture requiring splenectomy.

DISCUSSION

Pancreatic pseudocyst is a common complication of chronic pancreatitis but intrasplenic pseudocyst is

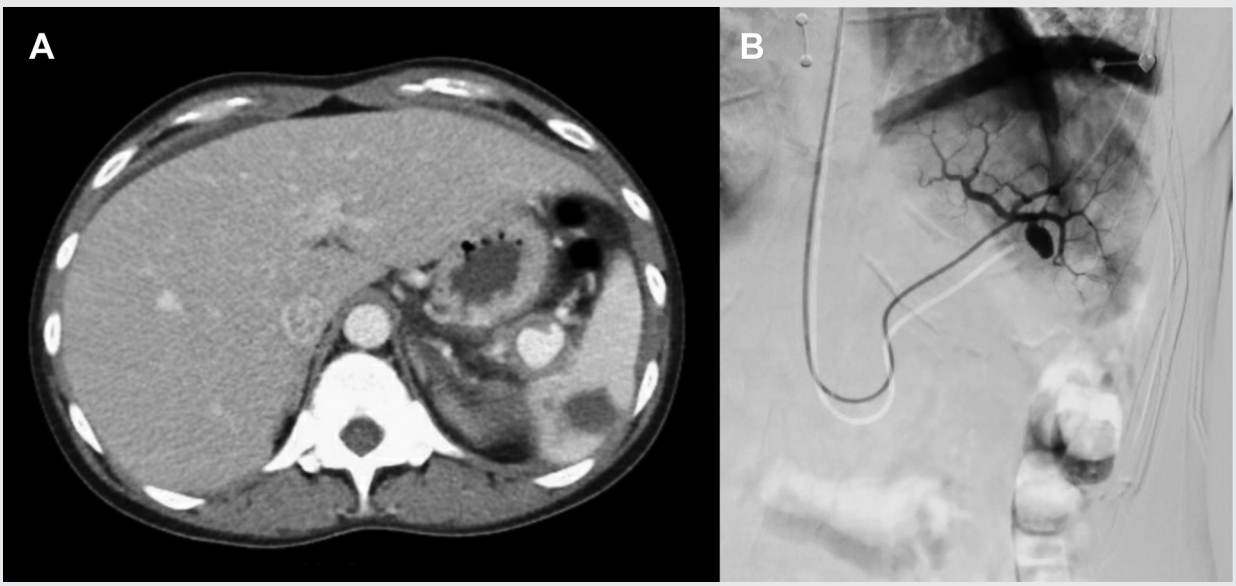

Figure 1. (**A**) CT angiography of the abdomen showing splenic pseudocyst and suspected splenic artery aneurysm. (**B**) Angiography showing saccular splenic artery aneurysm.

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quite rare and often associated with the pancreatic tail pseudocyst due to its proximity.[1] Splenic hypodense lesions in the setting of chronic pancreatitis raise the suspicion of splenic pseudocysts. The proposed mechanism is pancreatic enzyme-rich fluid erosion into the adjacent vasculatures leads to autodigestion and the formation of a pseudoaneurysm.[2] A ruptured splenic artery pseudoaneurysm is fatal without treatment.[3] Gastrointestinal hemorrhage may result from rupture and bleeding into the pancreatic duct, a condition known as hemosuccus pancreaticus.[4] Endovascular interventions are associated with acceptable outcomes and should be implemented as first-line management.[3] Splenectomy and/or distal pancreatectomy may be required for large pseudoaneurysms such as those with rupture into pseudocyst.[4] Spontaneously thrombosed pseudoaneurysms were previously reported; however, close follow-up and repeat imaging are mandatory.[4]

Consent: Informed written consent was obtained from the patient.

Keywords: pancreatitis, pseudocyst, bleeding, aneurysm

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