Case Report

Hemosuccus pancreaticus upper GI bleed: In a child, a rare case report

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Abstract

The intensity of bleeding varies from intermittent occult bleeding to massive acute bleeding causing even death. We report a rare case of a 10-year old girl who presented with hematemesis and melena. The source of bleeding was pseudo aneurysm of splenic artery, bleeding into GIT via pancreatic duct. Though there are more than 100 cases reported in adults, reports in children are limited. On examination there was severe pallor, tachycardia and tenderness in epigastrium. Liver and spleen were not palpable. The blood count showed severe anemia. Blood sugar, liver function tests, pancreatic enzymes, coagulation parameters were normal.

Keywords: Hemosuccus pancreaticus.

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INTRODUCTION

Hemosuccus pancreaticus is a rare but potentially life threatening upper GI bleed via ductus pancreaticus major and ductus pancreaticus minor. The intensity of bleeding varies from intermittent occult bleeding to massive acute bleeding causing even death. We report a rare case of a 10-year old girl who presented with hematemesis and melena. The source of bleeding was pseudo aneurysm of splenic artery, bleeding into GIT via pancreatic duct. Though there are more than 100 cases reported in adults[1], reports in children are limited[2,3]. There is a report from India with calcific pancreatitits induced gastroduodenal artery aneurysm[4] but none with splenic artery aneurysm.

CASE REPORT

The patient was a 10-year old female with a 2 years history of loss of appetite, easy fatigability, intermittent epigastric pain and 3 days history of hematemesis and melena. On examination there was severe pallor, tachycardia and tenderness in epigastrium. Liver and spleen were not palpable. The blood count showed severe anemia. Blood sugar, liver function tests, pancreatic enzymes, coagulation parameters were normal. Ultrasound abdomen confirmed chronic calcific pancreatitis. upper GI endoscopy shows a fresh clot protruding from the ampulla of Vater with no evidence of active bleeding (Figure 1). Anemia was corrected with packed cell transfusions. Child was referred to higher centre where CT Abdominal Angiography was done. 3D CT angiography shows aneurysms of splenic artery, celiac artery and superior mesenteric artery and common hepatic artery at each proximal portion. Parents were advised angioembolisation of aneurysm and explained risk involved in procedure i.e. splenic infarction. However parents were not willing for the procedure and discharged on request against medical advice. We have followed up this child from past 22months and found that the child is quite asymptomatic without any intervention. Her CBP is normal at present.

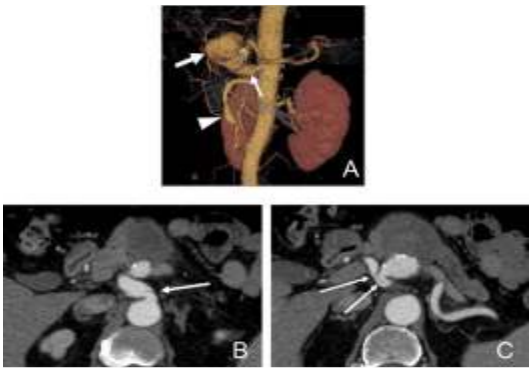

Figure 1:

DISCUSSION

Hemosuccus pancreaticus (syn: hemoductal pancreatitis, pseudohematobilia, Wirsungorrhagia) was first reported in 1931 by Lower and Farrell[5]. The term hemosuccus pancreaticus (HP) was first used by Sandblom in 1970[5]. The most common cause of HP is rupture of the pseudoaneurysm/ aneurysm of peripancreatic artery into pancreatic duct. Visceral artery aneurysm is uncommon. The cause of development and subsequent rupture of pseudoaneurysm/ aneurysm is continuous thinning and autodigestion of vessel wall by pancreatic enzymes (elastase and trypsin) and cyst induced pressure necrosis. Typical clinical manifestations of HP are abdominal pain and symptoms of bleeding into GIT. In laboratory tests, depending on bleeding intensity, sideropenia and microcytic or normocytic normochromic anemia of various degrees is found. Hepatic enzymes and pancreatic enzymes are usually normal except during acute attack. Upper gastrointestinal endoscopy, Doppler ultrasonography, CT-angiogram or MR-angiogram can suggest the diagnosis. The management of aneurysm can be: no therapy, embolization or surgery which is offered according to clinical status, the etiology of the aneurysm, its size, its impact on adjacent structures and its evolution. The present case underwent spontaneous resolution unlike prior cases reported. We could not find evidence for spontaneous resolution in pubmed.

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