

**A Mysterious and rare cause of Upper GI bleed- HemosuccusPancreaticus: Case series**  
**Dr. Kapadia Saransh Saurinbhai<sup>1</sup> Dr. ADITHYANARAYANA B<sup>2</sup>Dr. GUTTIKONDA BHANU VIJAY<sup>3</sup>**  
**Dr.Teena Chandran<sup>4</sup>Dr.Madhumathi R.<sup>5</sup>**

<sup>1</sup>Junior resident ,Department of General Medicine , SIMS&RC,Bangalore

<sup>2</sup>Junior resident ,Department of General Medicine , SIMS&RC,Bangalore

<sup>3</sup>Junior resident ,Department of General Medicine , SIMS&RC,Bangalore

<sup>4</sup>Senior resident ,Department of General Medicine , SIMS&RC,Bangalore

<sup>5</sup> Professor, Department of General Medicine , SIMS&RC,Bangalore

**Abstract :**

- **Introduction :**HemosuccusPancreaticus is an extremely rare cause of Upper GI bleeding and is described as a haemorrhage from the ampulla of Vater passing through the main pancreatic duct toward the second portion of the duodenum.  
**Discussion :**Hemosuccuspancreaticus is a rare and potentially life-threatening obscure cause of upper gastrointestinal bleeding. It is described as bleeding from the ampulla of Vater via the pancreatic duct. It is one of least frequent cause of upper gastrointestinal bleeding and is most often caused by chronic pancreatitis, pancreatic tumours and sometimes pancreatic pseudocysts  
**Keywords:** hemosuccuspancreaticus, gastroduodenal artery pseudoaneurysm, upper gastrointestinal bleeding, chronic pancreatitis, CT angiography, angiographic embolization

**INTRODUCTION**

- HemosuccusPancreaticus is an extremely rare cause of Upper GI bleeding and is described as a haemorrhage from the ampulla of Vater passing through the main pancreatic duct toward the second portion of the duodenum.
- It is also known as Pseudohepemia or Wirsungorrhagia and is caused mainly due to acute and chronic pancreatitis, vascular malformations and pancreatic tumours.

### Incidence and Epidemiology

HemosuccusPancreaticus is Estimated to occur in about 1 of 1500 GI bleeding cases.

It has a strong male predilection (about 7:1).

The mean age of onset is between 50-60 years old.

#### Risk Factors

It is highly correlated with **alcohol** exposure and other risk factors that are attributed to **chronic pancreatitis** development.

No study or research shows any race or ethnicity superior to each other in terms of prevalence and incidence.

1. To review 2 cases demonstrating the clinical entity called “HemosuccusPancreaticus”.
2. To highlight the challenges in the timely diagnosis and management of this potentially life threatening condition and propose an initial screening diagnostic modality based on specific clinical presentation

#### Case Report-1

• A 31 Year old Male who is a known alcoholic since 6 years came in to the Emergency room with complaints of :

1. **Abdominal pain** in the epigastric region On and Off since 3 months,
2. History of **Malena** since 1 month,
3. History of **Hemetemesis** since 3 days- (10-12 episodes )

Patient had a past history of **Pancreatitis** (Walled off Pancreatic necrosis) 1 year back.

- On Examination :
- Vitals :
- BP-90/60 mmhg
- PR- 100 Bpm
- Spo2- 96% under room air.

- Patient had Pallor ++ and Splenomegaly ++.

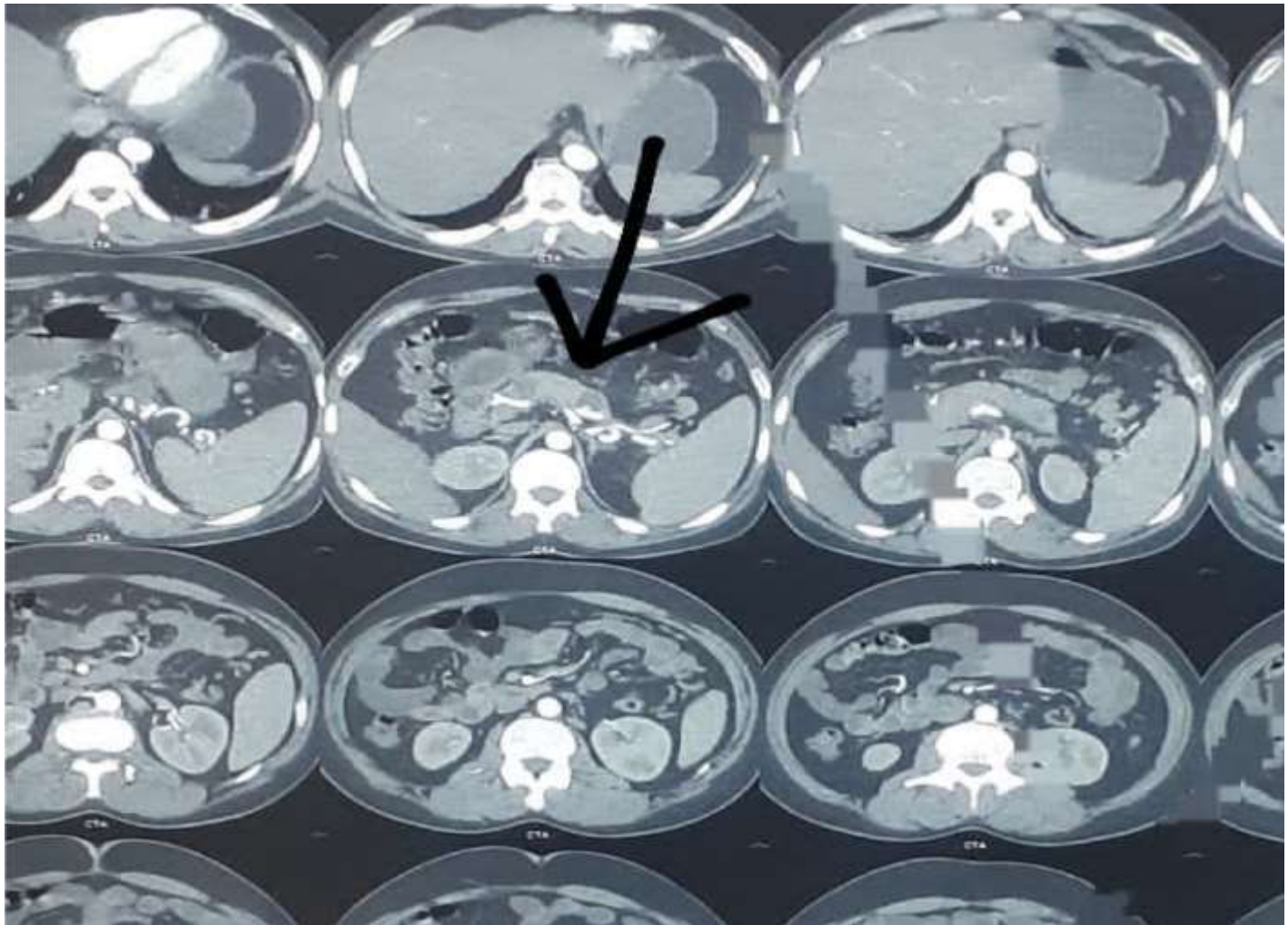
**Lab. Investigations**

Investigation	Reports
Hemoglobin	Low(4 g/dl)
Total counts	3,700
Platelet count	Normal (1.81 L)
Coagulation profile	Mildly deranged (PT=16.8) INR=1.20

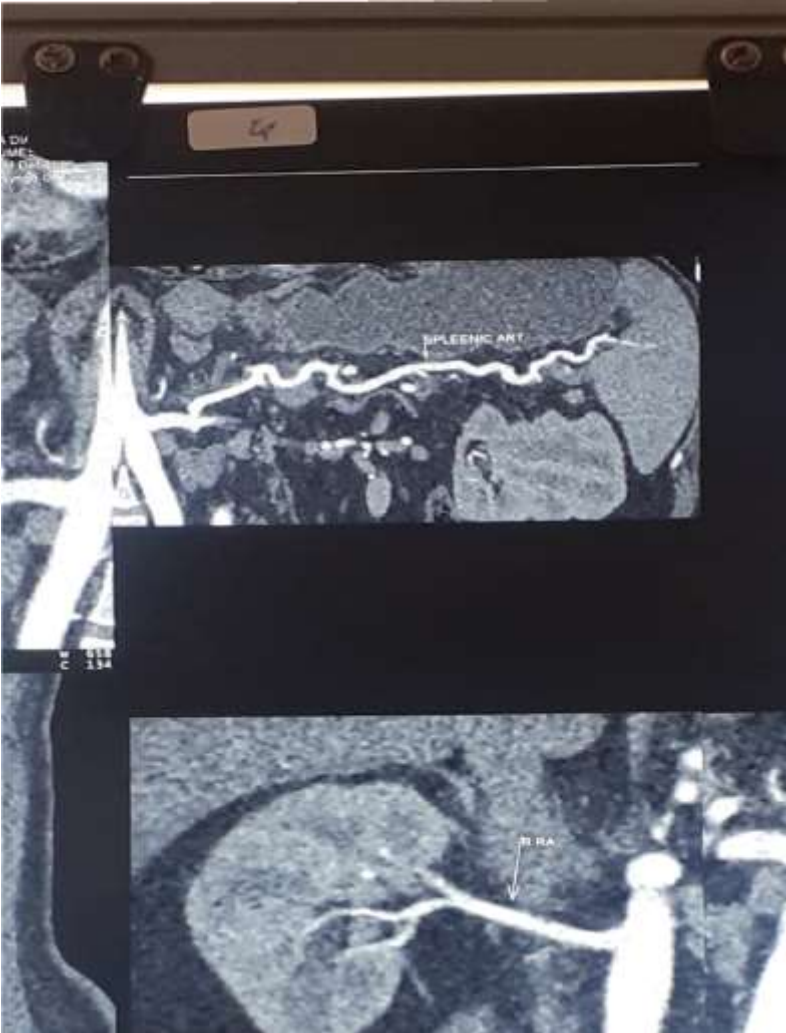
<b>Amylase and Lipase</b>	Normal range
<b>Serology</b>	Negative
<b>Upper GI Endoscopy</b>	Normal Mucosal Study
<b>Colonoscopy</b>	Normal Colonic Mucosa

**Radiological Investigations**

<b>Usg Abdomen and Pelvis</b>	<b>Chronic Necrotic Pancreatitis and Splenomegaly</b>
<b>Endoscopic Ultrasound</b>	Pancreatic Pseudocysts in Body and head with Pseudo Aneurysms
<b>CT-Abdomen And Pelvis with CT Angiography</b>	<ul style="list-style-type: none"><li>● Intra Pancreatic pseudocyst with Aneurysm of splenic artery projecting anteriorly in close relation to the cyst in the distal body of pancreas.</li><li>● Aneurysm arising from the superior gastroduodenal artery in close relation to the cyst in Head of the Pancreas</li></ul>





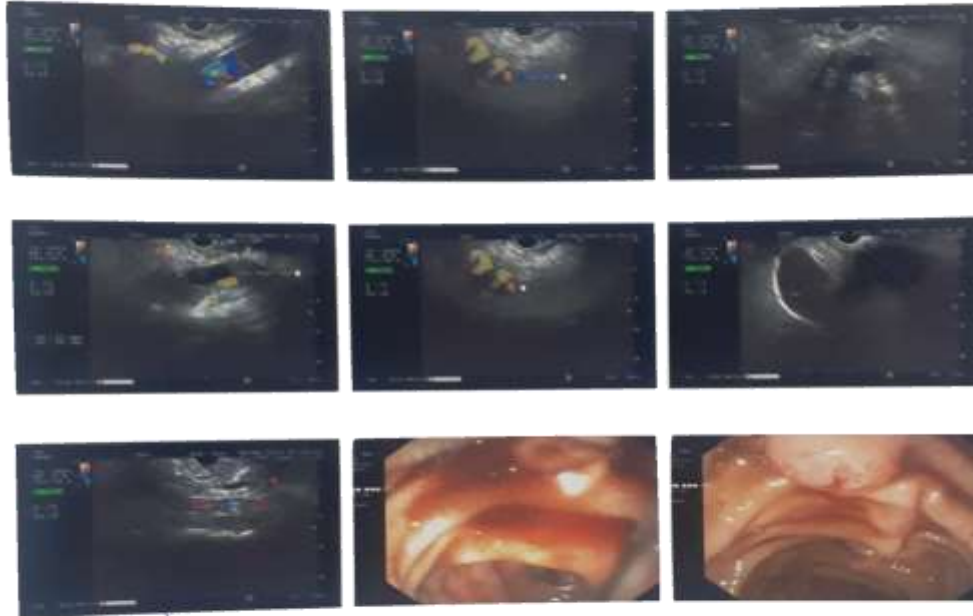




Patient ID: 11733  
Patient Name: CHANDRASEKHAR  
Age/Gender: 54 Y / M

Visit Date: 11/04/24  
Referred by: [unclear]  
Consulted by: [unclear]

DIAGNOSTIC IMAGES



*11/4/24*  
Dr Unmesh Jalihal MD DM, DNB  
Dr Abhijith S S MD, DM  
Dr Irvhad AD H MD DNB  
Consultant Gastroenterologist

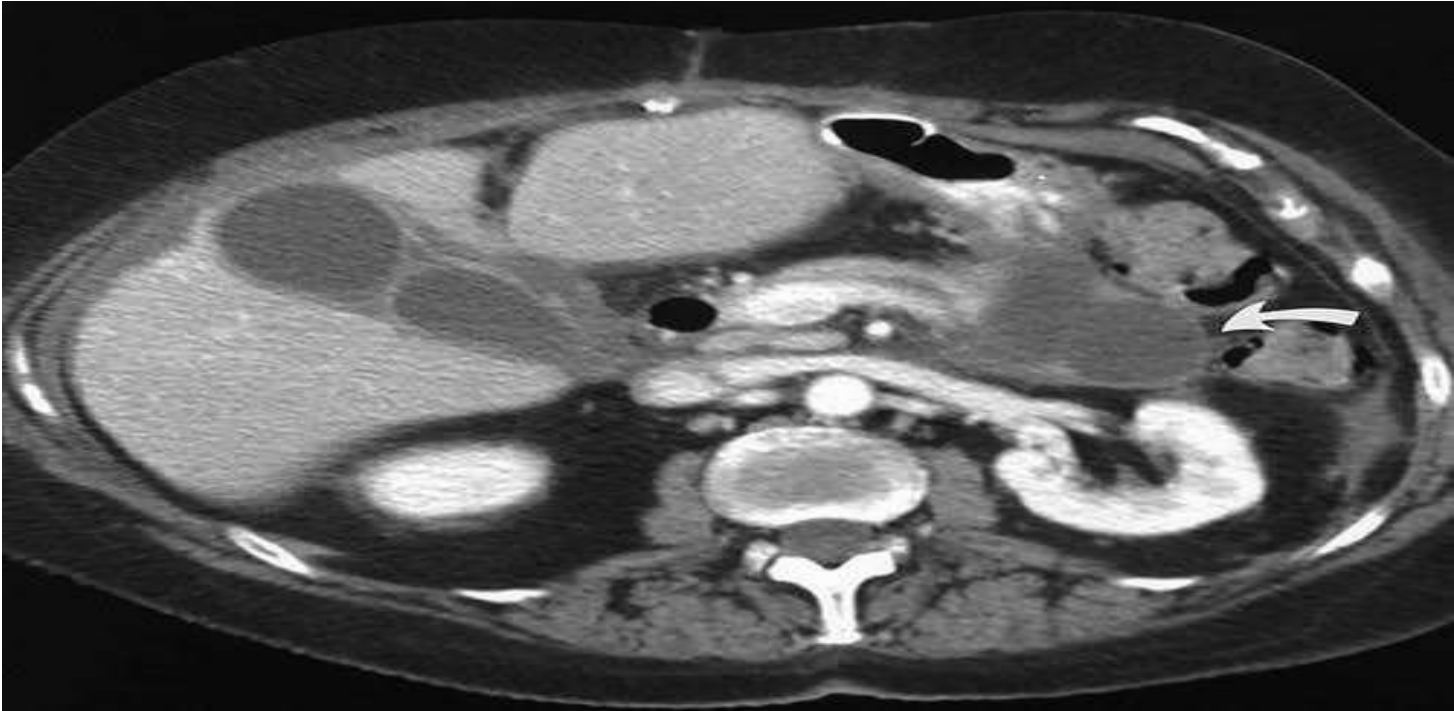
Case Report-2

- A 53 Yr/Male known **alcoholic** since **15+ years** came with:
- H/o 1 week of **binge drinking** without oral food intake.
- C/o :**Abdominal pain** x 3 days
- A/w 5-6 episodes of **blood tinged vomiting** x 1 day and, 1 episode of Malena.
- On Examination:
- Vitals :
- BP- 90/60 mmhg
- PR= 110 Bpm
- SpO2= 96% under room air.
- No P/I/C/C/L/E.
- Patient had **severe epigastric tenderness ++**
- Other Systemic examinations were normal.

Investigation

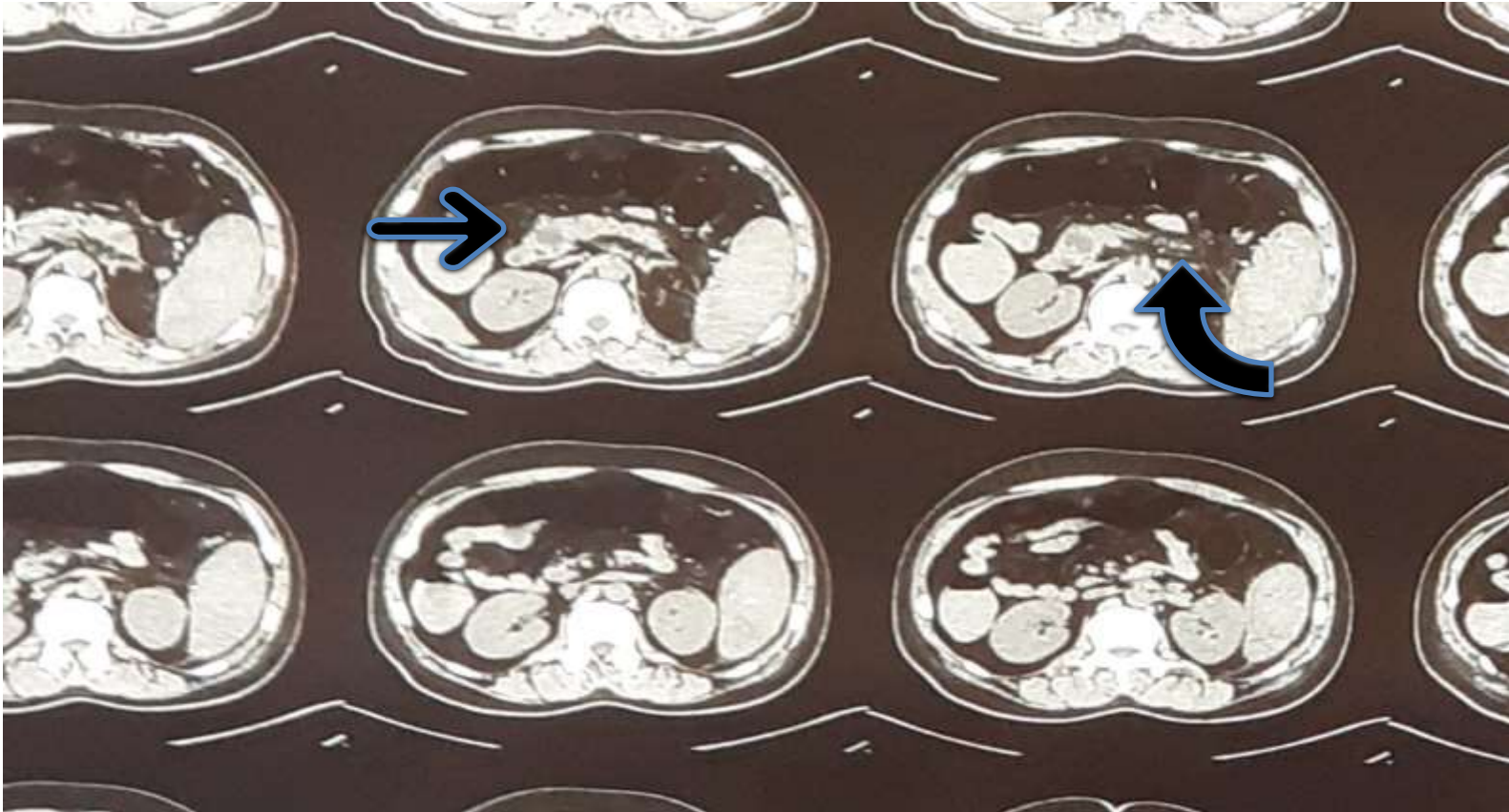
Reports

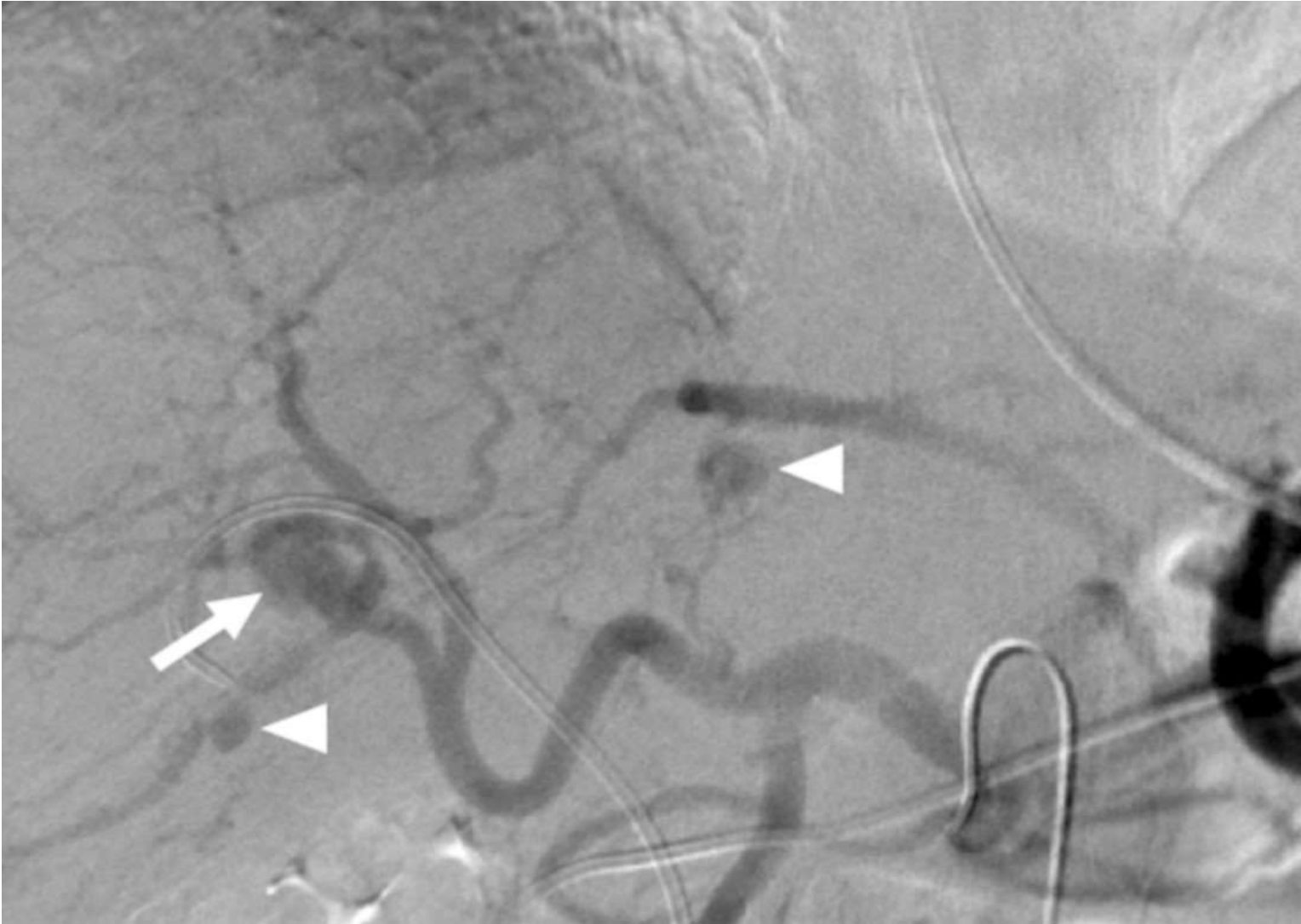
<b>Hemoglobin</b>	17.6 g/dl
<b>Total counts</b>	14,000
<b>Platelet count</b>	80,000
<b>Coagulation profile</b>	Mildly deranged (PT=21.8) INR=1.43)
<b>Amylase and Lipase</b>	A-785 U/L L-5857 U/L
<b>Serology</b>	Negative
<b>Upper GI Endoscopy</b>	Normal Mucosal Study
<b>CECT-Abdomen</b>	S/o Acute Pancreatitis and Pseudo-cyst of pancreas.



Management

- After initial resuscitation both the patients were posted for a splenic and gastroduodenal artery coiling, and Embolisation for hemorrhagic pancreatitis stable thereafter and on regular follow-up.





### Discussion

Hemosuccuspancreaticus is a rare and potentially life-threatening obscure cause of upper gastrointestinal bleeding.

It is described as bleeding from the ampulla of Vater via the pancreatic duct.

It is one of least frequent cause of upper gastrointestinal bleeding and is most often caused by chronic pancreatitis, pancreatic tumours

and sometimes pancreatic pseudocysts

The condition is often difficult to diagnose at an early stage because of its rarity, anatomical location and the fact that the bleeding is often intermittent and cannot be easily diagnosed by EGDscopy.

It is most frequently caused by the rupture of a pseudoaneurysm of the peripancreatic arteries associated with acute and chronic pancreatitis.

The arteries involved in the gastrointestinal hemorrhage in the order of frequency include: splenic, gastroduodenal, pancreaticoduodenal, gastric and hepatic arteries.

The pseudoaneurysm can rupture into the gastrointestinal tract, peritoneal cavity, pancreatic parenchyma or pancreatic pseudocyst. In our patient the

pseudoaneurysm ruptured into pancreatic pseudocyst which communicated with the pancreatic duct.

### • REFERENCES

1. Callinan AM, Samra JS, Smith RC. Hemosuccuspancreaticus. ANZ J Surg. 2004;74(5):395-397.
2. Sandblom P. Gastrointestinal hemorrhage through the pancreatic duct. Ann Surg. 1970;171(1):61-66.
3. Lower WE, Farrell JT. Aneurysm of the splenic artery: report of a case and review of literature. Arch Surg.