

Introduction: Hemosuccus pancreaticus (HP) is a rare cause of gastrointestinal (GI) bleeding usually caused by the rupture of a pseudoaneurysm of the peripancreatic arteries. HP is a diagnostic dilemma, and rapid diagnosis can potentially decrease associated morbidity and mortality.

Case: A 67-year-old man with no known medical history presented with worsening abdominal pain and was found to have decompensated cirrhosis likely secondary to chronic alcohol abuse. A contrast-enhanced CT scan of his abdomen showed a sizeable pancreatic head mass concerning hematoma (4.6×3.7 cm) with acute bleeding (Figure 1). The patient underwent fluoroscopic guided embolization of the gastroduodenal artery and inferior pancreaticoduodenal artery (PDA). Repeat CT abdomen 1-day post-procedure for worsening abdominal pain showed persistent filling of the pseudoaneurysm. The patient underwent repeat embolization of the side branches of the gastroduodenal artery. On day 25 of the initial presentation, the patient had two episodes of coffee ground emesis. CT scan showed enlarging hematoma (4.9×4.3 cm) adjacent to the pancreatic head with active extravasation into the hematoma. The PDA pseudoaneurysm was injected with an embolic agent (Onyx), followed by 150 units of thrombin. Shortly following the procedure, the patient had a cardiac arrest with asystole and passed away.

Discussion: Bleeding from the pancreatic duct via the ampulla of Vater, also known as Hemosuccus pancreaticus, is a potentially life-threatening cause of upper GI hemorrhage due to its rarity and intermittent bleeding pattern. It is often associated with chronic pancreatitis. Our patient presented with upper GI bleeding. CT angiography showed gastroduodenal and pancreaticoduodenal artery pseudo aneurysms with active extravasation. He did not have a history of chronic pancreatitis. He had a history of alcohol abuse but never had a diagnosis of liver cirrhosis before. A literature review was done on Pubmed central and Medline on 07/28/2022, using the boolean operator strategy of (cirrhosis) AND (((pseudohemobilia) OR (hemosuccus pancreaticus)) OR (wirsungorrhaghia)) revealed one result. The result was irrelevant. Hence, to the best of her knowledge, this is the 1st reported case of hemosuccus pancreaticus, showing an underlying diagnosis of decompensated cirrhosis.

Figure1: Ct abdomen showing pancreatic head mass concerning hematoma.