Usefulness of endoscopic ultrasound for the diagnosis of hemosuccus pancreaticus

Hemosuccus pancreaticus, hemorrhage from the papilla of Vater via the pancreatic duct, is a rare entity. It is the least frequent cause of upper gastrointestinal bleeding (1 in 5000) and is usually caused by chronic pancreatitis, pseudo-aneurysm, or pancreatic tumors [1]. Only 2% of HP involves the hepatic arteries [2]. HP is difficult to diagnose because the bleeding is intermittent and not always detectable by endoscopy. Other examinations used are computed tomography (CT), magnetic resonance imaging (MRI), selective angiography, and abdominal ultrasound. Endoscopic ultrasound (EUS) is not generally used in the diagnosis of HP. A 62-year-old man was admitted with severe intermittent gastrointestinal bleeding. He underwent gastroscopy, colonoscopy, and capsule endoscopy without signs of bleeding. The patient had no previous history of pancreatitis or infection. On CT and MRI scan with angiography, an aneurysm of the common hepatic artery and dilated main pancreatic duct towards the tail of the pancreas were found (Fig. 1). There was no apparent source of bleeding. EUS was then performed, and showed a partially thrombosed CHA aneurysm of 5cm. In addition, a fistula between the CHA and pancreatic duct could be identified with power Doppler (Fig. 2). The subsequent operation revealed a thrombosed arteriosclerotic aneurysm in the CHA with a fistula to the pancreatic duct. The aneurysm was excluded and a reversed vein graft was implanted. The postoperative course was uneventful.

To the best of our knowledge, this is the third case report of severe gastrointestinal bleeding as a result of a fistula between the CHA and pancreatic duct [3,4]. The use of EUS for the diagnosis of this rare condition has not been reported before, but seems feasible. Our case suggests that EUS could be advantageous when a vascular malformation is suspected.

Competing interests: None

Khanh Do-Cong Pham, Gustav Pedersen, Henrik Halvorsen, Dag Jessang, Roald Havre Flesland, Georg Dimcevski Gjorgj

1 Department of Medicine, Haukeland University Hospital, Bergen, Norway
2 Department of Vascular Surgery, Haukeland University Hospital, Bergen, Norway
3 Department of Radiology, Haukeland University Hospital, Bergen, Norway
4 Institute of Medicine, University of Bergen, Bergen, Norway

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Corresponding author
Khanh Do-Cong Pham, MD
Section of Gastroenterology
Department of Medicine
Haukeland University Hospital
Jonas Lies vel 65
5051 Bergen
Norway
Fax: +47-5-3414078
phamkdc@gmail.com