Splenic artery aneurysm bleeding via the ampulla of Vater

Finding the cause of obscure-overt gastrointestinal (GI) bleeding is often a difficult and time-consuming process. Despite extensive research, up to 20% of patients remain undiagnosed [1, 2]. We present the case of a 74-year-old man with a history of acute pancreatitis, who was hospitalized several times in district hospitals for hemodynamically significant, recurrent, GI bleeding.

The patient required transfusion of 46 units of packed-red blood cells and 16 units of fresh frozen plasma in total (the lowest hemoglobin level was 5.4 g/dL) over a period of 5 months. Multiple endoscopic examinations revealed the presence of hematin and frank blood and/or clots in the upper and lower GI tracts, but the exact bleeding source remained unknown.

Computed tomography showed a pancreatic tail pseudocyst and a splenic artery aneurysm (Fig. 1). Technetium-labeled red blood cell scintigraphy confirmed a focus of increased radiotracer activity in the left upper GI quadrant (Fig. 2). Duodenoscopy was performed, during which a blood clot and fresh blood could be seen flowing from the ampulla of Vater (Fig. 3, Video 1). The patient was diagnosed with an aneurysm that was bleeding into the pancreatic cyst, with periodic evacuation of blood via the pancreatic duct into the lumen of the GI tract. Emergency selective celiacography was unsuccessful due to the sharp angulation of the splenic artery (Fig. 4); thus, a surgical splenopancreatectomy...
was performed. After 3 years of follow-up, the patient remains cured.

In summary, rare but potentially life-threatening bleeding from aneurysms of the visceral arteries should be suspected, especially in patients with a history of pancreatitis. Repeating endoscopic examinations may visualize atypical, unusual bleeding sources in difficult cases.

Endoscopy_UCTN_Code_CCL_1AZ_2AO

Competing interests: None

Anna Pietrzak1,2, Tomasz Olesiński2, Jarosław Regula1,2, Edyta Zagórowicz1,2, Jakub Pałucki2, Andrzej Mróz2
1 Department of Gastroenterology, Hepatology and Clinical Oncology, Medical Centre for Postgraduate Education, Warsaw, Poland
2 Maria Skłodowska-Curie Memorial Cancer Center, Institute of Oncology, Warsaw, Poland

References

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1392604
Endoscopy 2015; 47: E421–E422
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
Anna Pietrzak, MD
Roentgen 5 Str.
02-781 Warsaw
Poland
Fax: +48-22-5463035
anpietrzak@gmail.com

Fig. 3 Duodenoscopy revealed a clot outflow from the ampulla of Vater (arrow).

Fig. 4 Selective celiacography (catheterized via common femoral artery) using not only a “classic” angiograph (high-resolution, flat-panel detector) but also high-speed, high-resolution, 3D imaging from a single rotational angiography run (virtual 3D CT), showing splenic artery aneurysm without visible bleeding (arrow).