

PICTURES IN DIGESTIVE PATHOLOGY

Hemosuccus pancreaticus secondary to pseudoaneurysm of the splenic artery

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A 41 year old male and current smoker was evaluated using standard tests (blood analysis, X-ray, abdominal ultrasound, endoscopy) due to a prior history of severe epigastric abdominal pain that often required medical assistance.

He was admitted to the Emergency Department with discomfort, vomiting and rectal bleeding with acute anemia (from 165 g/dl to 65 g/dl). Neither gastroscopy nor colonoscopy identified any potential cause of the bleeding. The computed tomography (CT) showed a 70 x 31 mm pseudoaneurysm of the splenic artery with no evidence of other causes (i.e. pancreatitis) (Fig. 1). Thus, an arteriography was performed (Fig. 2) to embolize and generate pseudoaneurysm exclusion.

The gastrointestinal bleeding was attributed to a *hemosuccus pancreaticus* secondary to the pseudoaneurysm of the splenic artery, which could be related to a non-adverted episode of acute pancreatitis.

DISCUSSION

Pseudoaneurysm of the splenic artery is usually secondary to splenic trauma, fungal infections and chronic or acute pancreatitis (1). It differs from aneurysms due to

the absence of a complete arterial wall. Usually pain or gastrointestinal bleeding is the presenting symptoms due to the erosion to a viscera or pancreatic ductus. Typically, CT scan shows an evagination of the splenic artery (including ramifications) that is filled with contrast surrounded by a hematoma.

Due to the risk of a rupture, the treatment is mandatory irrespective of the size or symptoms. The coil embolization (both distal and proximal through the neck of the pseudoaneurysm) and the placement of a stent are the standard therapy for pseudoaneurysms (2,3).

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Fig. 1. Abdominal CT (axial plane and oblique coronal reconstruction) showing a pseudoaneurysm of the splenic artery filled with contrast in the center and surrounded by a peripheral hematoma.

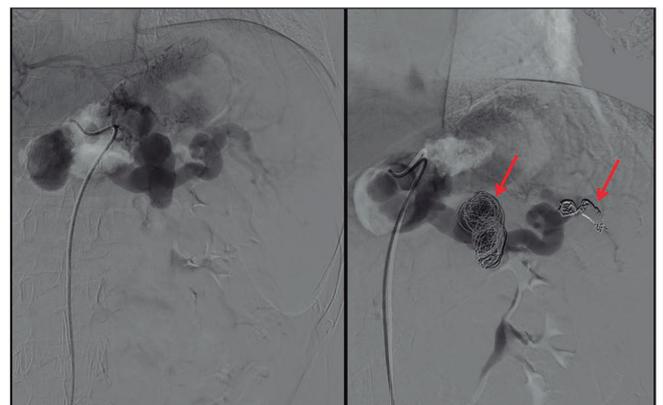


Fig. 2. Angiography showing a pseudoaneurysm of the splenic artery before and after the treatment using coils for embolization (arrows).