Intramural gastric hematoma in the context of an acute pancreatitis

**Key words:** Acute pancreatitis. Bleeding complications. Gastro-duodenal intramural hematoma.


**Dear Editor,**

We present the case of a 47-year-old man that was admitted to the Department of Digestive Diseases due to epigastric abdominal pain, nausea, and vomiting over a three week period. Laboratory tests highlighted the presence of anemia (7 mg/dl) and elevated amylase (153 U/l), lipase (190 U/l), and PCR (100 mg/l). An abdominal ultrasound was performed in which gallstones were observed as well as a destructured pancreas with an adjacent large hyperdense collection. By means of an abdominal computerized tomography scan (CT) the presence of acute pancreatitis with necrosis at the level of the pancreatic head, peripancreatic collections, and a 12 cm hematoma at the level of the gastric wall were noted (Fig. 1). Conservative treatment was established with good clinical evolution. A follow-up CT two months later showed a decrease in the size of the hematoma.

**Discussion**

Intramural hematomas of the gastrointestinal tract are an infrequent pathology. The majority of them occur in the duodenal wall, and a gastric location is less common (1). The most usual etiology is via trauma although it can also be related with endoscopic procedures, ulcer disease, or coagulation disorders (2). Few cases have been described in relation to acute pancreatitis (2-4). In that context it can occur as a result of the irritative effect of pancreatic enzymes on the vascular structures, as well as the compression of pancreatic necrosis and peripancreatic collections over adjacent structures (4).

The management of these patients should be conservative in the absence of important active bleeding or other complications. Otherwise, vascular embolization by radiology is a safe and minimally invasive option, reserving surgery for selected cases (1).

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References


