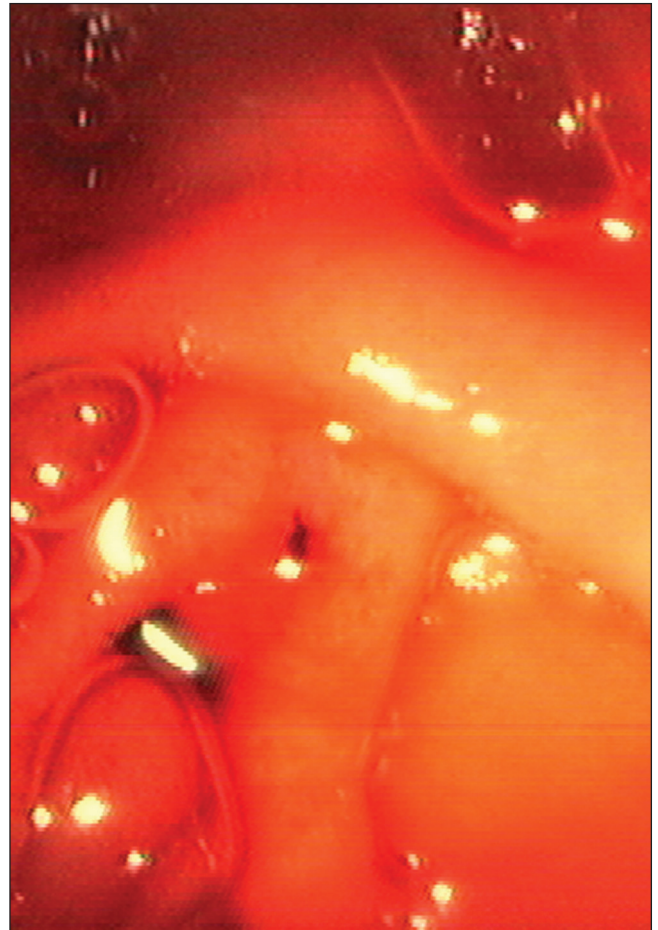
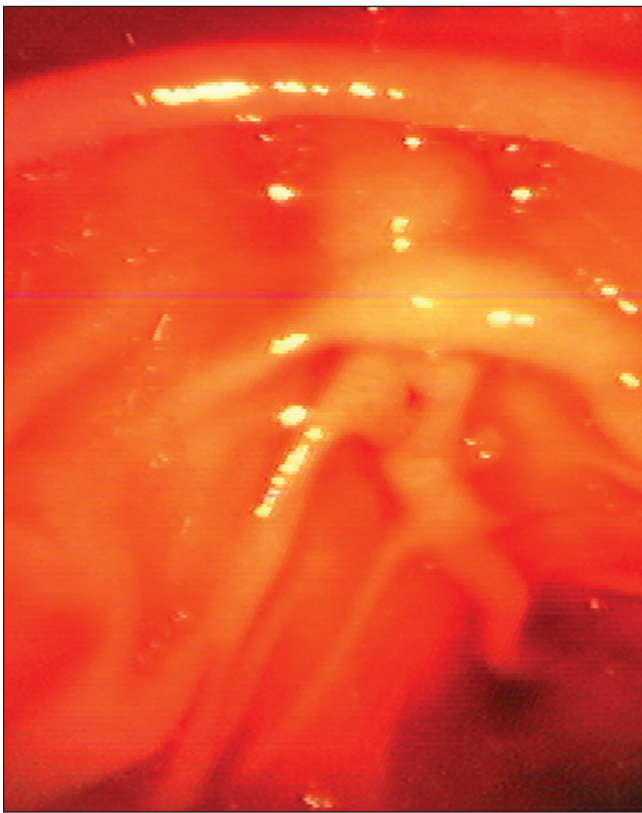


PICTURES IN DIGESTIVE PATHOLOGY

Hemobilia

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Figs. 1 and 2. Blood exiting from the papillary orifice.
Se observa sangre saliendo por el orificio papilar.

A 74-year-old woman was admitted because of dark stools in the last four days. She suffered from atrial fibrillation, had two heart valves implanted (mitral and aortic), and was under anticoagulant therapy with acenocumarol. The most remarkable laboratory findings were hemoglobin 9.2 g/dl, hematocrit 26.8%, mean corpuscular volume 94.2 fl, and blood urea 80 mg/dl. Prothrombin time was 28% and INR 2.65. An esophago-gastro-duodenoscopy was performed. Blood was observed in the second duodenal portion, perhaps in the papillary area, although no definite source was found. The routine forward-view gastroscope was exchanged for a side-view duodenoscope. Blood was seen oozing out the papilla (Figs. 1 and 2). Conservative measures were taken using blood transfusions and venous fluid supply. Magnetic resonance cholangiopancreatography and abdominal magnetic resonance angiography revealed only cholecystolithiasis and no vascular abnormalities. The patient did well without rebleeding, and she was discharged.

Hemorrhage through the papilla of Vater may have three sources: the bile-duct system (hemobilia), the pancreatic duct (hemosuccus or wirsungorrhage) (1), and the papilla itself (for instance, in ampullary tumors). Diagnosis is difficult because routine forward-view gastroscopes cannot properly see the papilla. If a papillary source is suspected endoscopy should be performed with duodenoscopes as used for ERCP. If vascular interventional radiology is available a celiac axis angiography should be performed, which can be both diagnostic and therapeutic. In contrast, as in the case reported here, a magnetic resonance angiography allows to rule out vascular abnormalities, and a wait-and-see policy can be undertaken. Hemobilia has been reported to occur in patients having gallbladder pathology (2) and on anticoagulant therapy (3). Our patient had both risk factors.

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