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"Hemosuccus pancreaticus:" an uncommon form of presentation of pancreatic intraductal papillary mucinous neoplasm

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"Hemosuccus pancreaticus" (HP), "wirsungorrhagia" or "pseudohemobilia" is a rare cause of upper gastrointestinal bleeding consisting of blood loss along the duct of Wirsung with exteriorization through the ampulla of Vater (1). Due to its rarity, the literature on HP is limited to retrospective studies, case reports, and case series.

We report a case of a 74-year-old patient who was admitted to hospital because of melena. Upper gastrointestinal endoscopy (UGE) revealed intrapapillary bleeding and

an attached clot (Fig. 1C). We completed the study with abdominal CT, MRI, and echoendoscopy, which showed an intraductal papillary mucinous neoplasm (IPMN) of the pancreatic main duct with signs of degeneration (Fig. 1A and Fig. 1B), complicated in the form of HP-type gastrointestinal bleeding.

The patient underwent surgery and a laparoscopic body-tail pancreatectomy with splenectomy procedure was performed. He was discharged 5 days after surgery. The pathology study revealed a mixed-type IPMN with Wirsung's duct involvement and severe epithelial dysplasia.

Most cases of HP occur as a complication of chronic pancreatitis due to rupture of a pseudoaneurysm (4,5). Other, less frequent causes include pancreatic tumors, trauma, and iatrogenic injury (4,5). HP caused by IPMN, as in this case, is extremely rare, and very few cases have been reported (5).

The typical presentation of HP is intermittent upper gastrointestinal bleeding, anemia, and abdominal pain (2).

Diagnosis of HP is extremely challenging because of the condition’s rare frequency, difficult anatomical site, and intermittent bleeding. Visualization of bleeding through the ampulla of Vater is suggestive of HP, but it is only seen in 30 % of patients (1). CT and MRI can be helpful in distinguishing pseudoaneurysms and characterizing tumors (1).

As regards treatment, resection in neoplastic cases should be tailored for each case, depending on tumor aggressiveness (3).

In conclusion, HP is a rare but life-threatening condition that should be considered in the differential diagnosis of obscure upper gastrointestinal bleeding.

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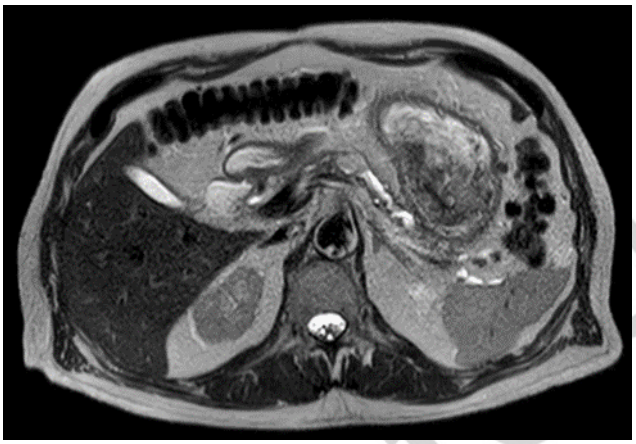
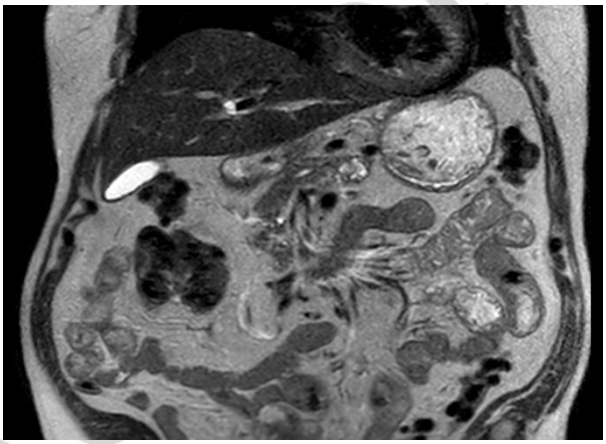
A 



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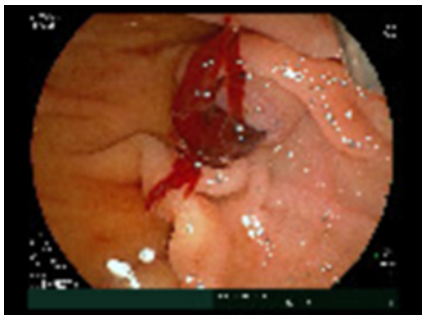
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Fig. 1. T2-weighted MRI cholangiography (Fig. 1A, axial view; Fig. 1B, coronal view) showing dilatation of the main pancreatic duct in the body-tail region that is suggestive of IPMN. The presence of a solid endoluminal component raises the differential diagnosis between hemosuccus and mucin cast.

An urgent upper gastrointestinal endoscopy (Fig. 1C) showed pseudohemobilia with intrapapillary bleeding and an attached clot.