



# Hemosuccus Pancreaticus Following Acute Pancreaticus in a 12-year-old Boy Secondary to Pancreatic. Pseudoaneurysm Treated With Endovascular Coil Embolization

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## BACKGROUND

- Hemosuccus Pancreaticus is a very rare cause of upper gastrointestinal (GI) bleeding in children.
- It is defined as bleeding from the pancreatic or peri-pancreatic vessels into the main pancreatic duct and may be life threatening.

## CASE PRESENTATION

- We present the case of a 12-year-old with a complex medical history including TUBA1A mutation (abnormal brain development), cerebral palsy and G-J tube dependence who was admitted for hematemesis and severe anemia that developed following an episode of acute pancreatitis.
- Imaging studies including Esophagogastroduodenoscopy, abdominal ultrasound, Contrast enhanced Computerized Tomography scans were negative for abnormalities.

- ***Conventional Splenic Angiography demonstrated a pseudoaneurysm arising from the Transverse Pancreatic Artery off the Pancreatic Magna artery. This was treated with Coil Embolization with resolution of symptoms.***

## DISCUSSION

- In acute pancreatitis, bleeding may occur from gastrointestinal ulcers and varices or from erosion and rupture of the vessels caused by pancreatic inflammation, necrosis, abscess or pseudocyst which may occur with or without pseudoaneurysm formation.
- The splenic artery is involved in 60% of cases. The gastroduodenal, pancreaticoduodenal and hepatic arteries may also be involved.
- The conventional angiography is the diagnostic reference standard for Hemosuccus Pancreaticus. It can identify the artery involved as well as pseudoaneurysms and delineates the anatomy for therapeutic intervention.
- The treatment in hemodynamically stable patients is occlusion of the pseudoaneurysm with coil embolization, balloon tamponade and stent grafting.

## CONCLUSIONS

- Hemosuccus Pancreaticus is a rare cause of upper GI bleeding in children.
- There should be a high index of suspicion in a patient with a history of pancreatitis who presents with intermittent upper GI bleeding from no other identifiable anatomical site.

## REFERENCES

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[https://journals.lww.com/jpgnr/Fulltext/2021/11000/Hemosuccus\\_Pancreaticus\\_Following\\_Acute.14.aspx](https://journals.lww.com/jpgnr/Fulltext/2021/11000/Hemosuccus_Pancreaticus_Following_Acute.14.aspx)

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