

Hematemesis from Bleeding Pancreatic Pseudocyst Ruptured into the Duodenum

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Clinical Image

A 44-year-old alcoholic man with a history of multiple episodes of acute pancreatitis was transferred to our hospital with complaints of intense mid-epigastric pain and hematemesis for 3 h. He was diagnosed as pancreatic pseudocyst by abdominal CT examination (Figure 1a and 1b) 6 months ago. The abdomen was markedly tender, and an impulsive mass measuring 10 cm × 15 cm was palpable. Emergent abdominal CT revealed giant hyper-attenuation cyst communicating with duodenum, suggestive of blood presence. Large amount of blood was also noted in stomach, duodenum and small bowel (Figure 1c). Conservative treatment, including parenteral nutrition and blood transfusion, was consecutively administered for 5 days. Follow-up CT show marked shrinkage of pancreatic pseudocyst and direct orifice of fistula (Figure 1d). Hemorrhagic complications are reported to occur in 6% to 31% of patients with pancreatic pseudocyst and bleeding into a pseudocyst may arise from a pseudoaneurysm or from vessels within its wall. Sequential CT can describe dynamic process of pancreatic pseudocyst complicating with gastrointestinal hemorrhage.

