

Case	(200) Endovascular treatment of splenic hemorrhage in necrotizing acute pancreatitis
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CASE PRESENTATION

A 28-year-old patient with a history of hypertension, diabetes and dyslipidemia admitted to the hospital due to acute pancreatitis. Initially, a CT of the abdomen with contrast was performed, showing an area of hypocaptation in the pancreatic tail as well as phlegmonous area in the peripancreatic fat, compatible with necrotizing pancreatitis with glandular and peripancreatic necrosis.

During the third day of admission the patient suffered sudden deterioration, hypotension and anemization of up to 3 points of hemoglobin, so a new CT scan of the abdomen with contrast was requested, showing a new appearance of splenic subcapsular hematoma.

Given the suspicion of active bleeding, it was decided to perform an arteriography, observing a contrast extravasation focus in the spleen's cranial region in relation to active bleeding from a splenic vessel and proceeding to embolization with PVA particles until the bleeding stopped. After the procedure, the patient stabilized hemodynamically and evolved favorably in the hospital.

DISCUSSION

The hemorrhagic complications of pancreatitis are infrequent but serious processes that cause a high morbidity and mortality in these patients.

These complications include hemorrhagic pseudocysts, mesenteric and splenoportal thrombosis, gastrointestinal bleeding, arterial pseudoaneurysms, hemorrhagic cyst rupture and splenic subcapsular hematoma.

These must be taken into consideration in patients with severe pancreatitis who suffer worsening, hypotension and anemia; the diagnosis will be made by contrast-enhanced CT (preferable series without and with contrast in arterial and portal phases).

Treatment in the case of splenic subcapsular hematomas will depend on the patient's clinical status and the size of the hematoma. We should opt for conservative treatment in less severe cases, endovascular treatment in cases of active bleeding and small hematomas, or splenectomy in larger hematomas or great instability.

CONCLUSION

The radiologist should suspect a hemorrhagic complication in patients with acute pancreatitis who suffer from sudden clinical deterioration and anemia. An accurate and early radiological diagnosis is important to determine the treatment to be followed and improve the prognosis.

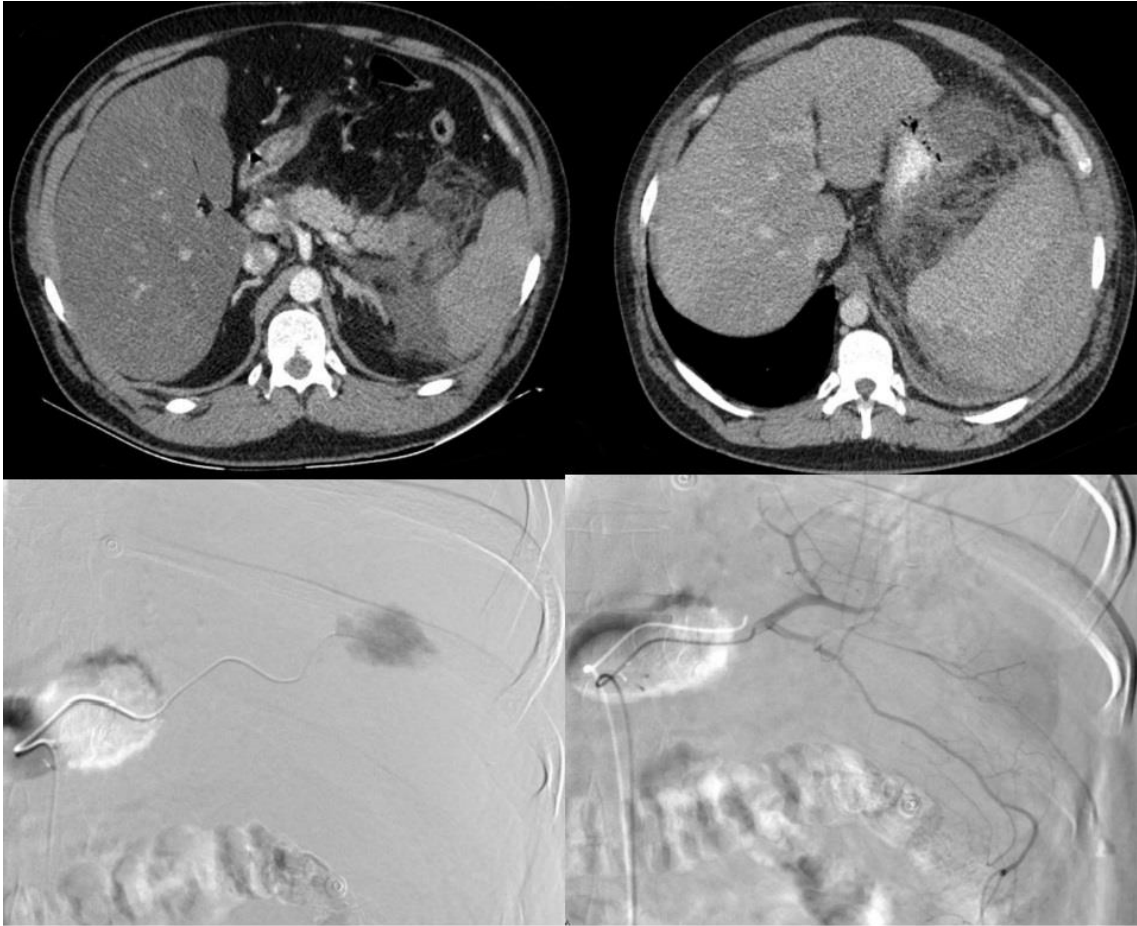


Image at the top left shows axial CT scan of the abdomen with contrast, showing acute necrotizing pancreatitis in the pancreatic tail. Image at the top right shows splenic subcapsular hematoma days later. Lower images show selective arteriography of the splenic artery with contrast extravasation focus (left image) and control after embolization (right).

BIBLIOGRAPHY

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