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MASSIVE BLEEDING FROM INFERIOR MESENTERIC VEIN WITH HYPOVOLEMIC SHOCK: A RARE COMPLICATION OF ACUTE PANCREATITIS

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Abstract—Background: Acute pancreatitis may cause massive intra-abdominal bleeding as vascular complications caused by the erosion of a major pancreatic or peripancreatic vessel. In terms of treatment, the differentiation between arterial bleeding and venous bleeding using abdominal computed tomography (CT) angiography is important. In addition, hypovolemic shock caused by bleeding from the inferior mesenteric vein (IMV) in acute pancreatitis has not been reported. **Case Report:** A 58-year-old man presented to our emergency department with complaints of abdominal pain of 10 hours' duration. The pain had an abrupt onset and started with alcohol consumption. After performing initial laboratory tests and an abdominal CT scan, he was diagnosed with acute pancreatitis. However, he complained of severe abdominal pain and was drowsy 2 h later. Follow-up CT angiography revealed acute necrotizing pancreatitis with massive hemoperitoneum and hypovolemic shock. We also found active bleeding from the IMV. We did not consider emergency catheter angiography with embolization; instead, exploratory laparotomy and hematoma evacuation with IMV ligation was performed. He was discharged without complications 14 days later. **Why Should an Emergency Physician Be Aware of This?:** Massive bleeding from the IMV accompanied by shock bowel syndrome is a rare complication of acute pancreatitis that can be confused with arterial bleeding. Emergency physicians should consider this

diagnosis in acute pancreatitis as a possible cause of hypovolemic shock and anatomic course of the IMV and prevent fulminant shock by administering appropriate treatment. © 2018 Elsevier Inc. All rights reserved.

Keywords—acute necrotizing pancreatitis; CT; extravasation; hypovolemic shock; inferior mesenteric vein

INTRODUCTION

Vascular complications are associated with acute pancreatitis caused by erosion of the major pancreatic or peripancreatic vessel. Bleeding is prompted by proteolytic and lipolytic enzymes that disseminate from the damaged pancreas. These substances attack contiguous peripancreatic vessels, causing elastolytic erosions that lead to ruptures. The frequency of fatal bleeding in acute pancreatitis is 1.2–14.5%. Although infrequent, vascular complications are the main cause of death in >50% of fatal cases of pancreatitis (1). Therefore, early and accurate diagnosis and treatment are essential for addressing the hemorrhagic complications of acute pancreatitis. We describe an unusual case of massive bleeding from the inferior mesenteric vein (IMV) with hypovolemic shock as a complication of acute pancreatitis.

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CASE REPORT

A 58-year-old man presented to our emergency department with complaints of abdominal pain of 10 hours' duration. The pain had an abrupt onset and started with alcohol consumption. He had consumed 50–60 g of alcohol every day for the last 10 years. His medical history was otherwise unremarkable. Vital signs were within normal limits (blood pressure 120/70 mm Hg, heart rate 80 beats/min, respiratory rate 20 breaths/min, and a temperature of 36.3°C). On physical examination, the patient was alert. His abdomen was soft with focal tenderness at the epigastric area. Murphy's sign was negative. Bowel sounds were present, and there was no guarding, rebound tenderness, or organomegaly. There were no cutaneous signs of chronic liver disease. After performing initial laboratory tests (amylase 167 U/L, lipase 550 U/L) and abdominal computed tomography (CT), he was

Table 1. Summary of Baseline and Follow-Up Laboratory Tests

	Baseline	Follow-Up
White blood cell count (cells/ μ L)	14,600	16,770
Hemoglobin (g/dL)	17	9.3
Hematocrit (%)	50.8	25.2
Blood urea nitrogen (mg/dL)	19	28.4
Creatinine (mg/dL)	0.8	2.15
C-reactive protein level (mg/dL)	0.6	1.2
Amylase (U/L)	167	425
Lipase (U/L)	550	877
Total bilirubin (mg/dL)	2.8	1.5
Aspartate aminotransferase (U/L)	38	27
Alanine aminotransferase (U/L)	60	61

diagnosed with acute pancreatitis (Figure 1) and was recommended for admission to undergo conservative management. However, he complained of severe abdominal

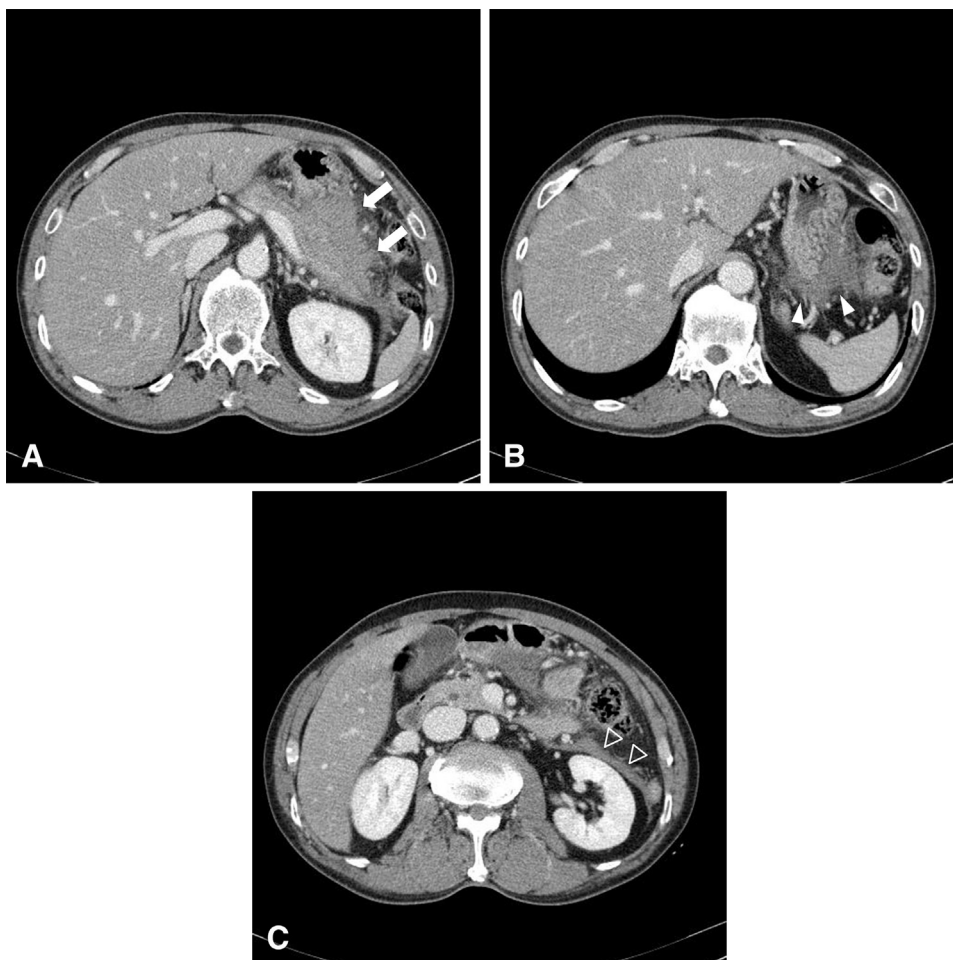


Figure 1. Initial abdominal computed tomography scan findings of our patient. (A–C) Axial images of the portal phase show focal swelling of the pancreatic body and tail (arrows, (A) with peripancreatic, perigastric (arrowheads, (B), and left pararenal space (blank arrowheads, (C) fluid collection, suggesting acute pancreatitis. The normal appearance of the spleen, both kidneys, and inferior vena cava can also be seen.

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