

A Case of unexpected Fatal Hemoperitoneum in Non-severe Acute Pancreatitis

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Up to 80% of acute pancreatitis (AP) cases resolve without anatomic complications. Associated organ failure (OF) is a determinant of AP severity. However, enzymatic erosion of peripancreatic vessels can lead to life-threatening hemoperitoneum in clinically non-severe AP even without OF. We herein report a case of unexpected hemoperitoneum which developed in a patient with clinically resolving AP without OF. A 36-year-old woman with alcohol use disorder presented with resolving epigastric pain and sustained abdominal distension of 2 weeks' duration. Ranson's score on admission was 1 and computed tomography revealed non-necrotic AP with peripancreatic fluid collection. She showed hypotension with an abrupt decrease in serum hemoglobin from 12 g/dL to 7 g/dL within 24 hours after admission. She was suspected to have an acute hemoperitoneum associated with venous bleeding from AP based on repeated computed tomography. Venous bleeding from the splenic branch was ligated during the second trial of surgery after 5 days of postsurgical observation. Further bleeding was not observed and she was discharged 10 days later. The possibility of bleeding at the pancreatic bed should be considered even if the pancreatitis is not severe based on revised Atlanta classification. Surgery is the gold standard for treatment of peripancreatic venous bleeding and the timing of the decision for the intervention is crucial for the good prognosis of patients. Fig. 1. Liver dynamic computed tomography (CT) scan of patient. (A) Active leakage of contrast media from mesenteric vessel at duodenojejunal junction in delayed phase (arrow). (B) Hemoperitoneum in left upper quadrant in non-contrast enhanced image (arrow).

