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591 Abdominal Apoplexy – a Case of Spontaneous Haemoperitoneum from Pancreaticoduodenal Artery Bleed

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Background: Inferior pancreaticoduodenal artery (IPDA) haemorrhages are extremely rare and often occur secondary to IPDA aneurysms. They can result in a spontaneous life-threatening bleed which requires urgent treatment via transcatheter arterial embolisation (TAE).

Case Summary: We report the case of an IPDA haemorrhage in a 52-year-old male who presented with a one-day history of severe worsening generalised abdominal pain. Although his initial blood pressure, heart rate and haemoglobin were within the normal range, he had a persistent metabolic acidosis with raised lactate. This prompted an urgent out-of-hours Computed Tomography (CT) scan. On return to the ward, he had a syncopal episode and was found to be in shock. An urgent venous blood gas revealed a substantial haemoglobin drop (133g/L to 88g/L) and review of his imaging identified intra-abdominal haemorrhage, confirmed by radiology to be an IPDA haemorrhage. The patient was managed according to the trust’s major haemorrhage protocol and blue light transfer to a tertiary centre for embolisation by interventional radiology was arranged. He was transferred with ongoing resuscitation, and successfully underwent TAE of the IPDA. No aneurysm or other pathology was noted on angiography.

Conclusion: IPDA haemorrhages are uncommon. Physiological compensation may normalise initial observations and initial haemoglobin level may also be falsely reassuring. Therefore, it is important to monitor physiological indicators, such as pH and lactate, as real-time severity indicators to identify emergency pathology early.