

Case Report



Massive Hemobilia and Pancreatitis Due To Benign Gallbladder Polyp: Report of A Case

Metin AYDIN^{1a}, Arif ASLANER¹, Zekeriya İLÇE², Ömer SÖYLEMEZ³

¹Düzce Üniversitesi Tıp Fakültesi, Genel Cerrahi Anabilim Dalı,

²Düzce Üniversitesi Tıp Fakültesi, Çocuk Cerrahisi Anabilim Dalı, DÜZCE

³Yüzcüncü Yıl Üniversitesi Tıp Fakültesi, Genel Cerrahi Anabilim Dalı, VAN

ABSTRACT

Gallbladder polyps with concomitant hemobilia is a very rare pathological event. In this case, a gallbladder polyp causing pancreatitis due to massive upper gastrointestinal bleeding was presented. A 58 years old woman was admitted to the hospital with an upper right abdominal quadrant pain radiating to the back and right shoulder. Right upper quadrant tenderness and generalized jaundice has been detected on physical examination. Laboratory evaluation revealed an increased serum amylase, direct and indirect bilirubin levels and leukocytosis. She was diagnosed as pancreatitis.

A massive upper gastrointestinal bleeding was seen on the second day of admission. After stabilization of general condition of patient by supportive therapy for pancreatitis, she went to operation. It was found that the bleeding was secondary to a gallbladder polyp and cholecystectomy was performed. She had an uneventful postoperative period and discharged from the hospital on the postoperative 14th day.

As a conclusion, a gallbladder polyp can rarely be a cause of massive upper gastrointestinal bleeding and subsequent pancreatitis. ©2008, Fırat University, Medical Faculty

Key words: Gallbladder polyp, Hemobilia, Pancreatitis.

ÖZET

Benign Safra Kesesi Polipine Bağlı Ağır Hemobili ve Pankreatit: Vaka Sunumu

Hemobili ile birlikte safra kesesi polipi nadir bir patolojidir. Bu vaka sunumunda safra kesesi polipinden kaynaklanan ağır bir üst gastrointestinal sistem kanaması sonrası meydana gelen pankreatit olgusu sunuldu. 58 yaşında bayan hasta hastanemize sırta ve sağ omuza yayılan sağ üst karın ağrısı şikayeti ile başvurdu. Karın sağ üst kadranda hassasiyet ve sarılık fizik muayenedeki bulguları. Laboratuvar bulgularında amilaz, direk ve indirek bilirubin yüksekliği ve lökositoz mevcuttu. Hastaya pankreatit teşhisi konuldu.

Yatışının ikinci gününde ağır bir üst gastrointestinal sistem kanaması görüldü. Pankreatit için destek tedavisi sonrasında genel durumu stabilleşen hasta ameliyata alındı. Kanamanın safra kesesindeki polipe bağlı olduğu anlaşıldı ve kolesistektomi uygulandı. Postoperatif dönemde problem gözlenmeyen hasta 14. gününde taburcu edildi.

Sonuç olarak, safra kesesi polipi nadiren de olsa ağır üst gastrointestinal sistem kanaması ve pankreatitin bir nedeni olabilir. ©2008, Fırat Üniversitesi, Tıp Fakültesi

Anahtar kelimeler: Safra kesesi polipi, hemobili, pankreatit.

Hemobilia is defined as a hemorrhage of the gastrointestinal tract due to the communication of blood vessels with the intra and extra-hepatic biliary tract and rarely to the branches of the cystic artery within the gallbladder wall (1). Gallbladder polyps and massive upper gastrointestinal bleeding due to hemobilia are very rare cases (2-5). Clots due to hemobilia can cause cholecystitis and pancreatitis by obstructing the biliary tract tree (2).

CASE REPORT

Fifty eight years old woman was admitted to our emergency department complaining with an epigastric and right upper quadrant abdominal pain. Severity was increased at last 4-5 days of 15 days. There is no any clinical finding and symptom apart from jaundice, right upper quadrant and epigastric

abdominal pain and tenderness. There were marked leukocytosis (15000/m³), increased amylase (450 IU/dl), lipase (189 IU/dl), total bilirubin (6 mg/dl) and direct bilirubin levels (2.5 mg/dl). On abdominal ultrasound (US) examination, choledoc was 10mm in diameter and was containing multiple milimetric calculi and dense bile sludge. Thickness of the gallbladder wall was 5mm. There were multiple calculi in the gallbladder of which the largest one was 14mm in diameter. There was a solid hypoechoic mass which was 15mm in diameter at the pancreatic head localization. By these findings, she hospitalized with the diagnosis of biliary pancreatitis and medical treatment has begun.

On the second day of admission, a massive upper gastrointestinal bleeding was occurred. Immediately upper gastrointestinal endoscopy was performed after hemodynamic stabilization of the patient by three units of erythrocyte

suspension transfusion. Appearance of the mucosa of esophagus and stomach were revealed as normal. Duodenum was filled with fresh blood. At the same session Endoscopic Retrograde Cholangio-Pancreatography (ERCP) was also performed. Active bleeding through the duodenal papilla, distortion of pancreatic canal and multiple filling defects in common bile duct has been observed. The procedure completed with a sphincterotomy. She underwent an elective laparotomy. During laparotomy a mass was detected in the pancreatic head with a 3x2x2 cm in size on palpation. Frozen section biopsy was evaluated as pancreatitis. Bloody gallbladder fluid has come through transvesical aspiration canule. Cholecystectomy was performed and gallbladder was completely filled with hematoma (Figure 1). On the anterior wall of the gallbladder, there was a polypoid ulcerative mass 1.5x1.5x0.5cm in size with which some clotted blood but not active bleeding over on it. Pathological diagnosis of this polyp was revealed as benign. No stone was seen in gallbladder and common bile duct. Transduodenal sphincterotomy was performed.

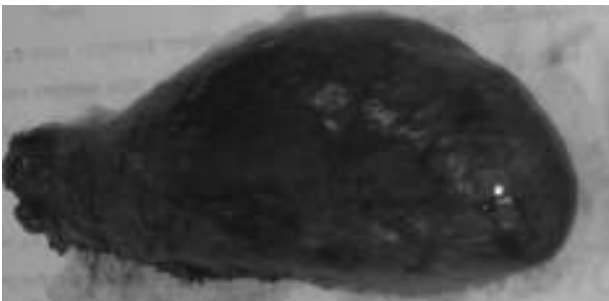


Figure 1.hematoma with which completely filled the gallbladder

Histopathological examination of the specimen revealed as hemorrhagic and necrotic polyp in gallbladder wall (Figure 2). She discharged from the hospital with an uneventful postoperative course on postoperative 14th day.



Figure 2. The histopathological aspect of gallbladder polyp.

REFERENCES

- Bazzoni C, Serini M, Ongari M, Sguazzini C, Alleva M, Lombardi C. Massive hemobilia caused by necrotic hemorrhagic cholecystitis. Report of a case. *Minerva Chir* 1993; 48: 857-860.
- Ellington RT, Seidel RH, Burdick JS, Peterson WL, Harford WV. Acalculous cholecystitis presenting as hemobilia and jaundice. *Gastrointest Endosc* 2000; 51: 218-220.
- Eric SS, Kim R, Geisinger: Case of the day 3. Diagnosis: hemobilia: Intraluminal gallbladder hematoma. *J Ultrasound Med* 1993; 4: 240-249.
- Yi Xue Za Zhi Kuo CM, Kuo CH, Changchien CS. Sequential sonographic changes of the gallbladder in hemobilia: case report of a patient with intrahepatic duct stones. *Changcheng* 1999; 22: 541-545.

DISCUSSION

Hemobilia, i.e. blood loss via the bile ducts, is a rare disorder, which may be caused by trauma, vascular disorders, gallstones, infection and inflammation, tumors and coagulation disorders, hemorrhagic cholecystitis, heterotropic stomach and benign gallbladder polyp (1,5-8). Hemobilia is seen as 55% traumatic (surgical causes such as; liver biopsy and surgery ,and nonsurgical causes) and 45% nontraumatic (1,6). Tumors are the rare causes of hemobilia (1,6).

Hemobilia may cause morbidity and mortality. Important symptoms are gastrointestinal bleeding, jaundice and colicky abdominal pain in the right upper abdominal quadrant. Gastroduodenoscopy, US, ERCP, Computerized Tomography (CT) may be used to obtain additional information when hemobilia is suspected. As also seen in our case ultrasonography can be misdiagnose in differentiating the gallbladder stones and clots in it. Magnetic Resonance Image (MRI) and selective angiography may provide detailed information of the bleeding, but are less appropriate as an initial screening method (3,6,9).

Hemobilia due to galbladder polyps are rare pathologies (5). Clots due to hemobilia can cause jaundice and pancreatitis by obstructing the biliary tract (2). Massive hemobilia, massive upper gastrointestinal bleeding and pancreatitis due to the polyps are very rare. In our case, pancreatitis has been diagnosed by patient complaints, physical examination and laboratory findings., Esophagogastroduodenoscopy was performed after upper gastrointestinal bleeding. While esophagus and stomach were normal, duodenum was full of blood.

At the same session ERCP was performed. Active bleeding from duodenal papilla, distortion of pancreatic canal and multiple filling defects in common bile duct has been observed. The procedure finished with papillotomy. As there is a displacement in pancreatic canal on ERCP and a pancreatic mass was seen on US, we had a suspicion of pancreatic tumor. We interpreted that the pancreatic tumor caused the hemobilia by invading pancreatic canal. Curative surgery decision was made. Laparotomy was performed after the improvement of clinical pancreatitis. It was observed that this was secondary to the gallbladder polyp.

In conclusion; benign gallbladder polyps can be a reason of hemobilia causing massive upper gastrointestinal bleeding and pancreatitis. We concluded that it can be completely cured by cholecystectomy.

5. Cappell MS, Marks M, Kirschenbaum H. Massive hemobilia and acalculous cholecystitis due to benign gallbladder polyp. *Dig Dis Sci* 1993; 38: 1156-1161.
6. van Dijk LC, Beishuizen A, Bronsveld W, van Dijk HA. Hemobilia, a rare and difficult diagnosis. *Ned Tijdschr Geneesk* 1991; 135: 901-904.
7. Adam R, Fabiani B, Bismuth H. Hematobilia resulting from heterotopic stomach in the gallbladder neck. *Surgery* 1989; 105: 564-569.
8. Coelho JC, Bonin EA, da Costa MA, da Cunha AG, Sartor MA. Acute cholecystitis secondary to hemobilia after percutaneous liver biopsy. *Dig Surg* 2001; 18: 227-229.
9. Jaeger M, Willimann P. Spontaneous hemobilia in the differential diagnosis of upper gastrointestinal hemorrhages. *Schweiz Med Wochenschr* 1976; 106: 1392-1395.

Kabul Tarihi: 18.04.2007