

OCCULT GASTROINTESTINAL BLEEDING WITH PANCREATIC ADRENOCARCINOMA-THE FIRST CASE.

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A 78 year old white female with no significant past medical history presented to the primary physician with generalized weakness. On initial physical examination, stool hemo occult test was positive and CBC showed hypochromic mycrocytic anemia. Upper endoscopy showed some erosion in the fundus and colonsocopy was unremarkable. An enteroscope was also inconclusive. During the course of two years, she underwent four upper endoscopy and two colonoscopy examinations, and twelve packed RBC transfusions. CT scan of the abdomen was reported normal except for a small abdominal aortic aneurysm. She was put on iron supplements and Premarin – with a possible source of blood loss as AVM's.

After evaluation at a tertiary care center, a right hemicolectomy was performed. She continues to have stool hemo occult positive with need of blood transfusion.

Two years after initial presentation, she developed new onset of diabetes mellitus, weight loss, and subsequently painless jaundice. Distended gallbladder could be felt. LFTs were consistent with extrahepatic biliary obstruction. CT scan now revealed 2.5 cm hetrogenous mass in head of pancreas and dilated biliary tree. ERCP showed malignant distal CBD stricture. Frank bleeding was seen via ampulla after cannulation of common bile duct.

Pancreatic carcinoma presenting as occult GI bleeding and iron-deficiency anemia has not been reported previously.