



A 77-Year-Old Woman was Admitted for Anemic Symptoms with Low Hemoglobin

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Clinical Image

Esophagogastroduodenoscopy found highly vascularized mucosa in the greater curvature of stomach with streaks of fresh blood without gastric varix (Figure 1). Computerized tomography revealed a large contrast enhanced mass (8.7 cm × 5.9 cm) in pancreatic body, causing compression of splenic vein with large amount of collateral vessels in mesentry of upper abdomen (Figure 2). Main portal vein and superior mesenteric vein were patent and spleen was not enlarged. Multiple metastatic hyper-enhancing masses in liver were also found. Therefore, the final diagnosis was metastatic pancreatic carcinoma causing splenic vein compression and hence left-sided segmental portal hypertension with upper gastrointestinal bleeding. This case demonstrated that gastric varix or splenomegaly may not appear even in late stage pancreatic cancer with isolated splenic vein thrombosis or obstruction. The splenic vein runs in close proximity along the pancreas. Any mass or inflammation (e.g. pancreatic cancer, chronic pancreatitis, pancreatic pseudocyst or retroperitoneal fibrosis) may result in spasm or compression of the splenic vein with subsequent thrombosis. Any blockage of the splenic vein could cause high pressure in left side portal venous circulation. We need to be aware and suspect of pancreatic cancer in patients with left-sided congested mucosa of stomach even without gastric varix.



Figure 1:



Figure 2:

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