ANEURYSM OF A SPLENIC ARTERY COLLATERAL BRANCH

INTRODUCTION – Aneurysms of collateral vessels are extremely rare; small intrabdominal accessory arteries with aneurysms can rupture, leading to potentially catastrophic consequences. The methods of treatment include medical therapy with close follow-up, surgical resection (using when possible minimally invasive techniques - laparoscopic procedures) and endovascular therapy. Throughout the last decades, endovascular repair has become increasingly used. The purpose of this poster is to present a case of coil embolization of an aneurysmatic splenic artery collateral branch.

CASE REPORT – female patient, 66 y/o

❖ Comorbidities:
  - Breast cancer
  - Endometrial cancer
  - Gastroesophageal reflux disease
  - Hypertension

❖ Clinical history:
  - Investigation of abdominal pain

COMPUTED TOMOGRAPHY ANGIOGRAPHY (CTA)
• Aneurysm of a splenic artery collateral branch (posterior gastric artery) - normal vessel – 2mm; aneurysmatic vessel - 12mm

PROCEDURE
• Diagnostic angiography
• Coil embolization of the collateral vessel* (Cook Tornado® 3/2mm)
• Control angiography

6M CONTROL CTA

CONCLUSION – The liberal use of diagnostic methods (as computed tomography) will reveal similar cases, leaving the physician with a dilemma: should this type of aneurysms be treated? If so, when and how? Due to their undetermined natural history and potentially deleterious repercussions, we believe that in the presence of an aneurysm of significant size, treatment should be offered. Considering the clinical efficacy, safety and applicability of the endovascular procedures, it is probably the best treatment alternative.

FOLLOW-UP
• Exclusion of the aneurysm
• Maintenance of the splenic arterial flow
• No spleen infarction

* Coils: Cook Tornado® 3/2mm