



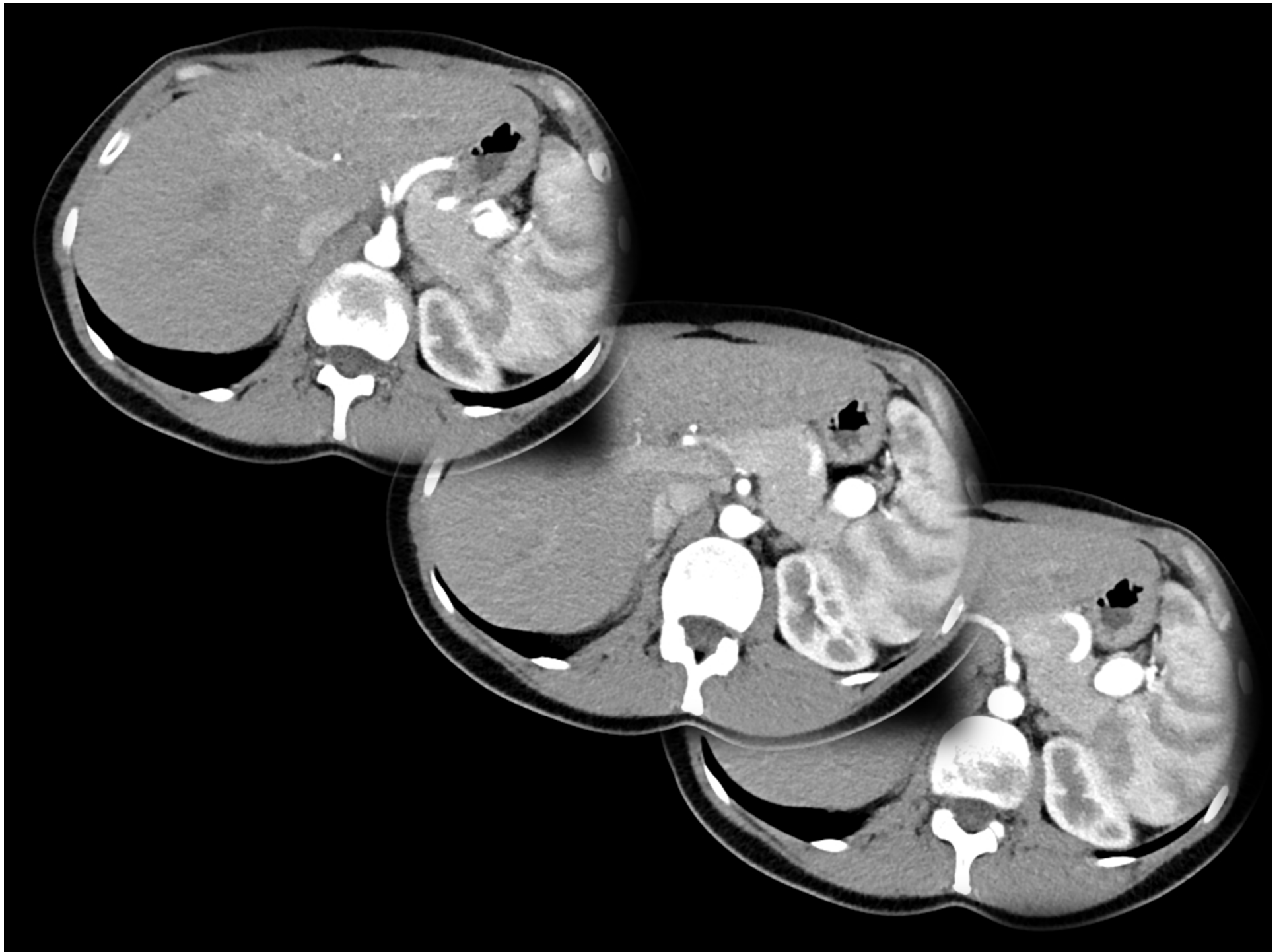
CIRA CASE OF THE WEEK OCTOBER 2016

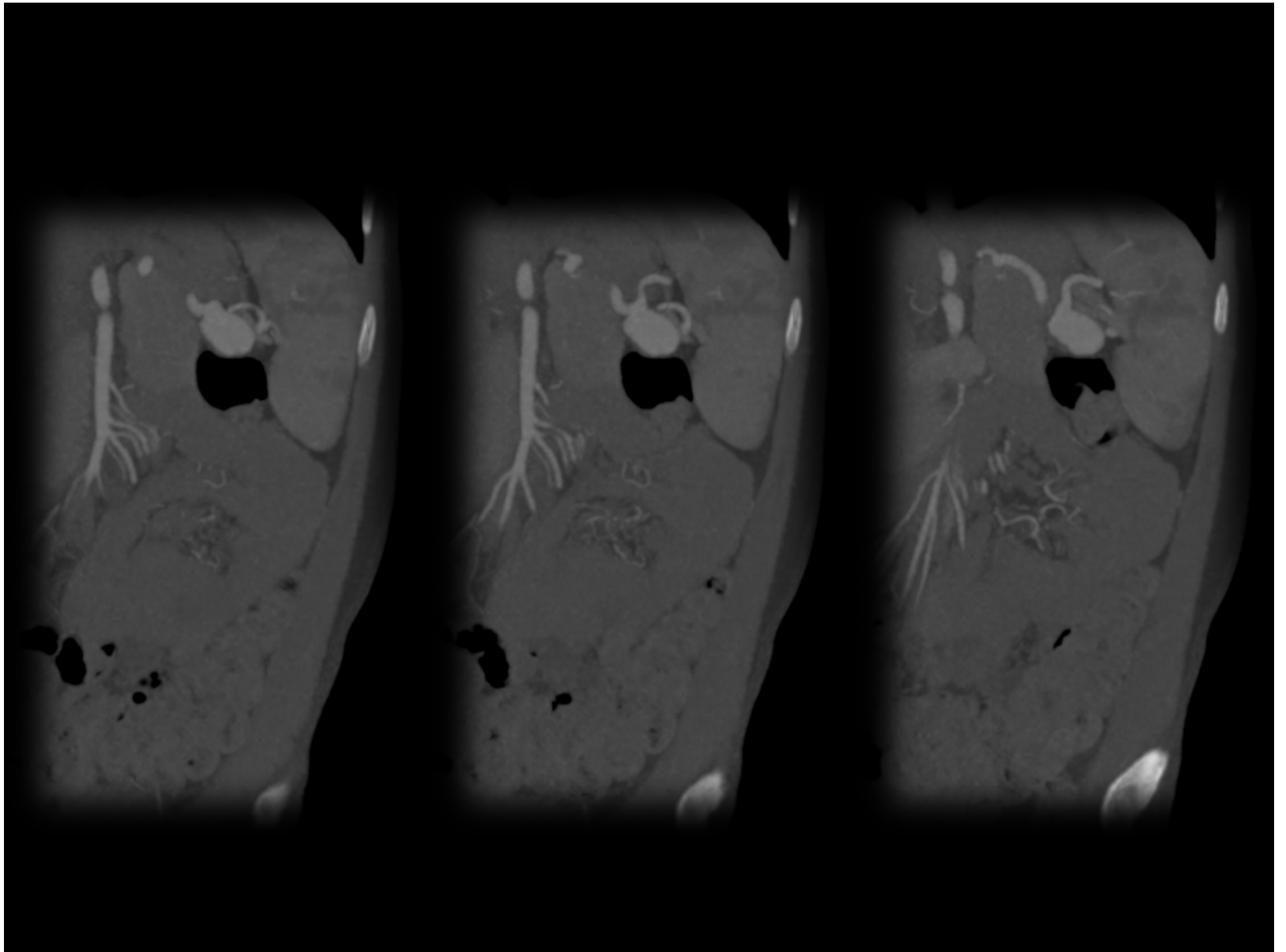
Case Courtesy of Dr. Steffan Frosi
Stella

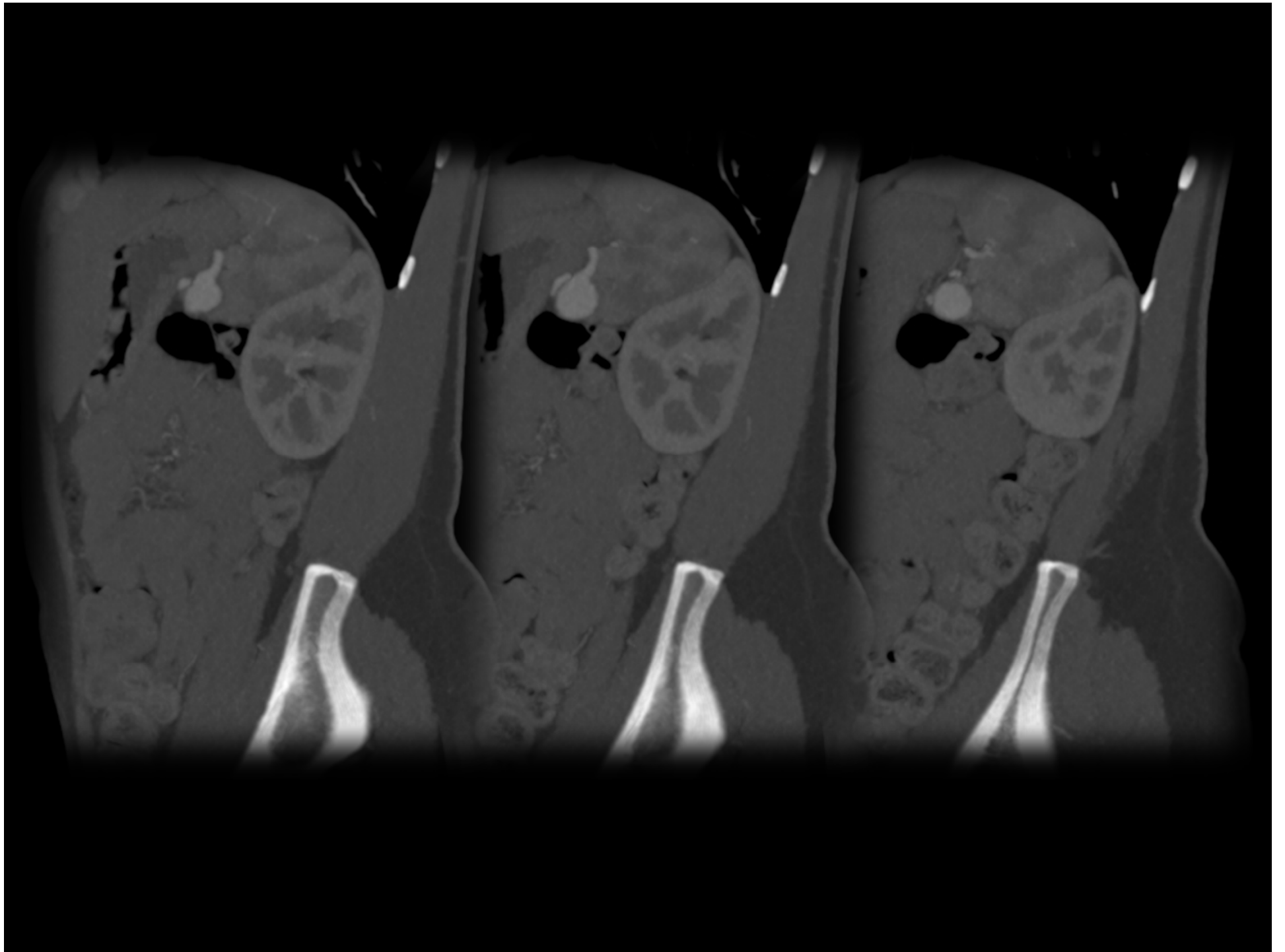
Mc Master University

CLINICAL DETAILS

- 37 year old female presenting with vague abdominal pain
- Previously healthy
- On exam no palpable mass, rigidity, or organomegaly
- Routine hematology and biochemistry – normal
- Incidental finding on abdominal US confirmed on abdominal CT





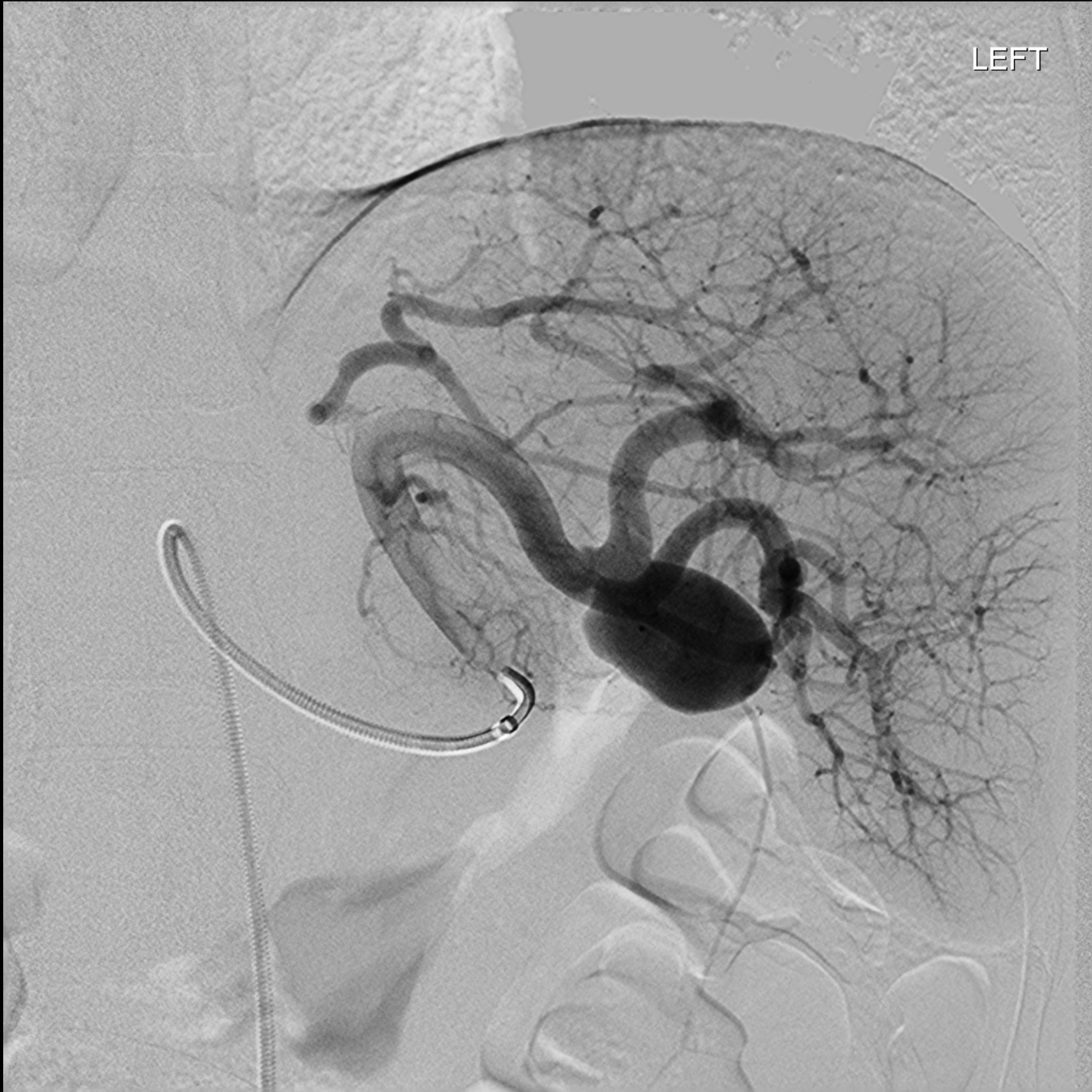




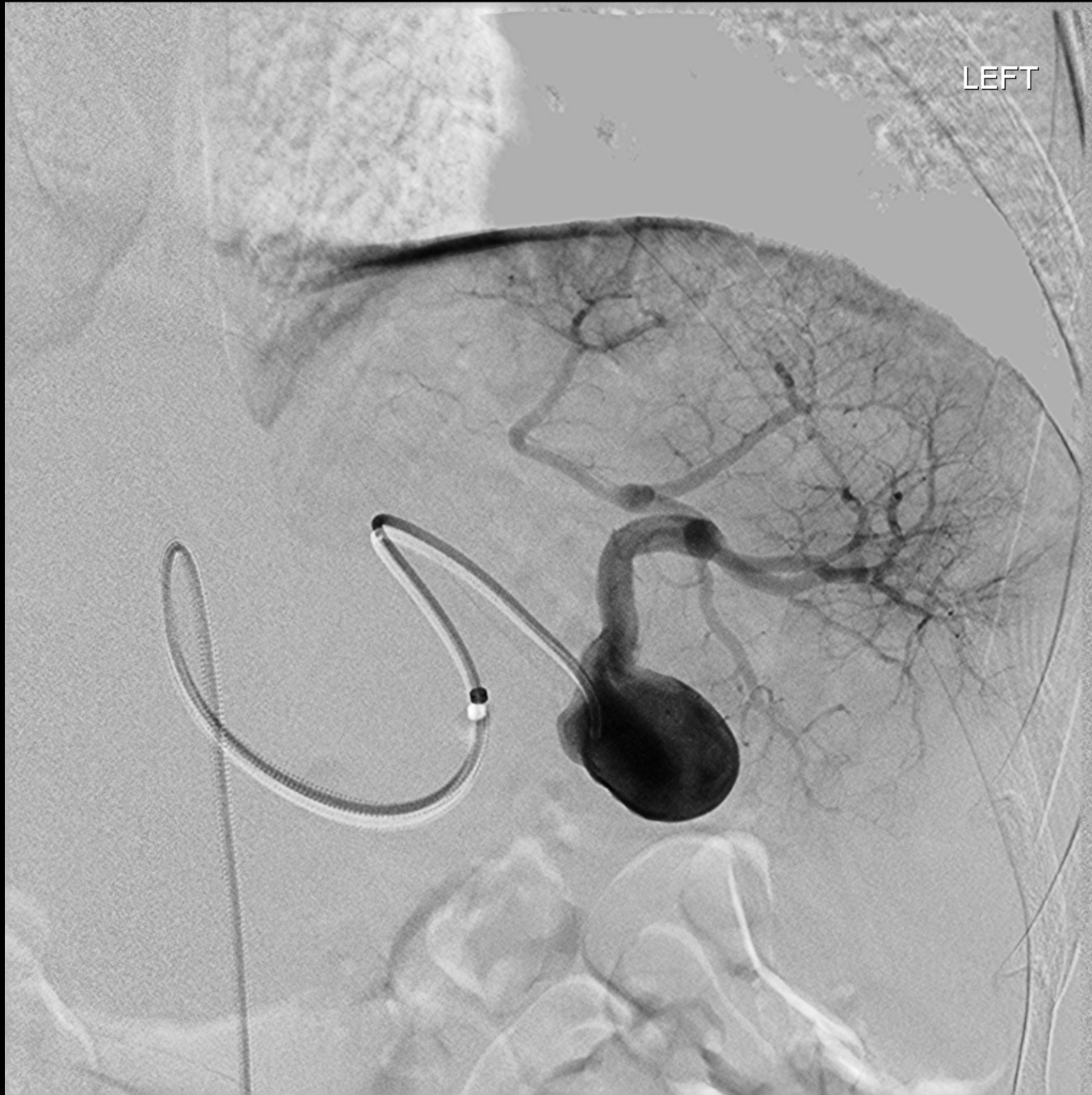
CT FINDINGS

- 2.5cm wide-neck saccular splenic artery aneurysm
- Splenic artery bifurcation at the splenic hilum
- History of two previous pregnancies
- After discussion about indication, risks and alternatives, an elective endovascular splenic artery embolization was performed

LEFT

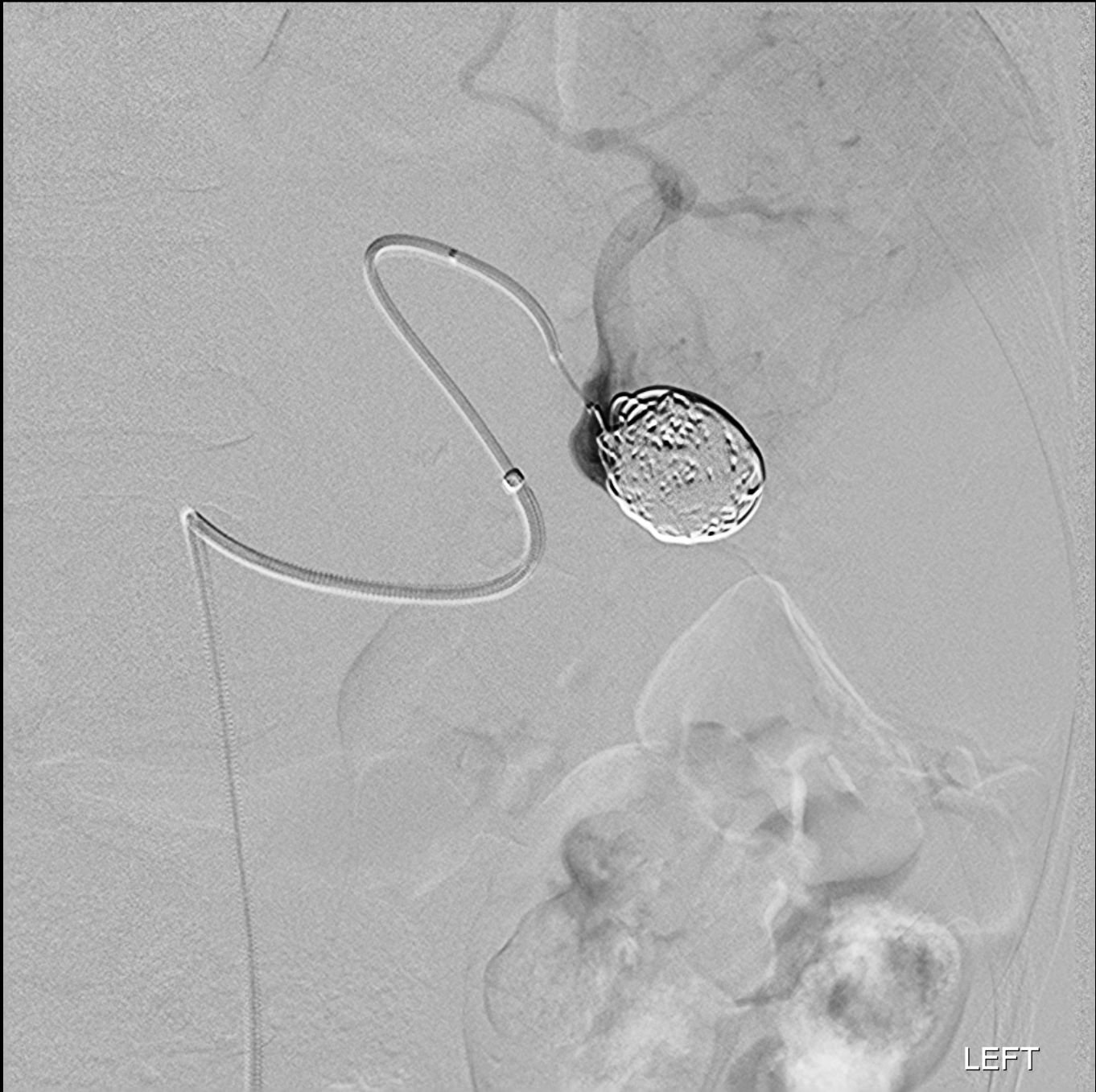


LEFT



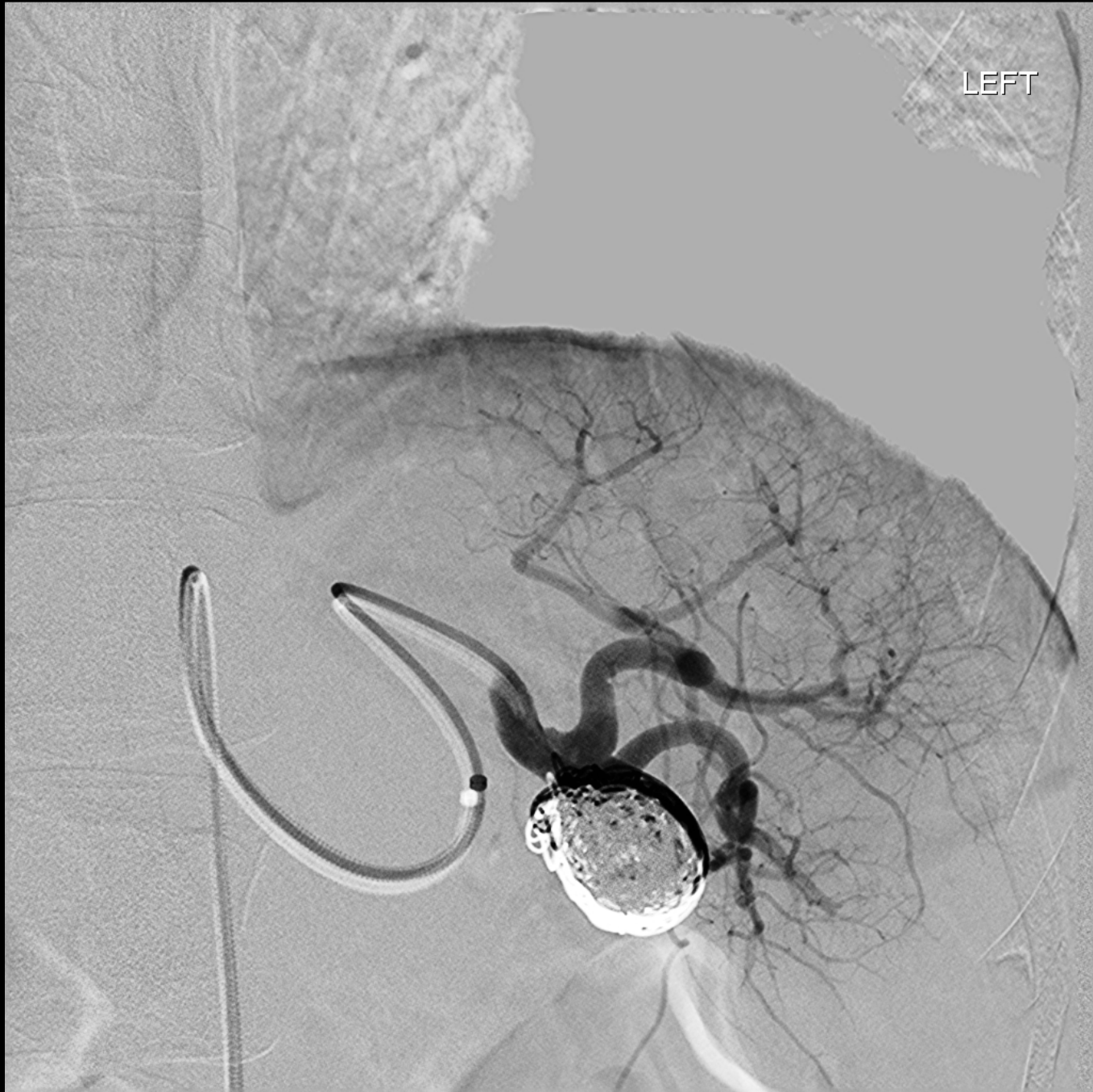
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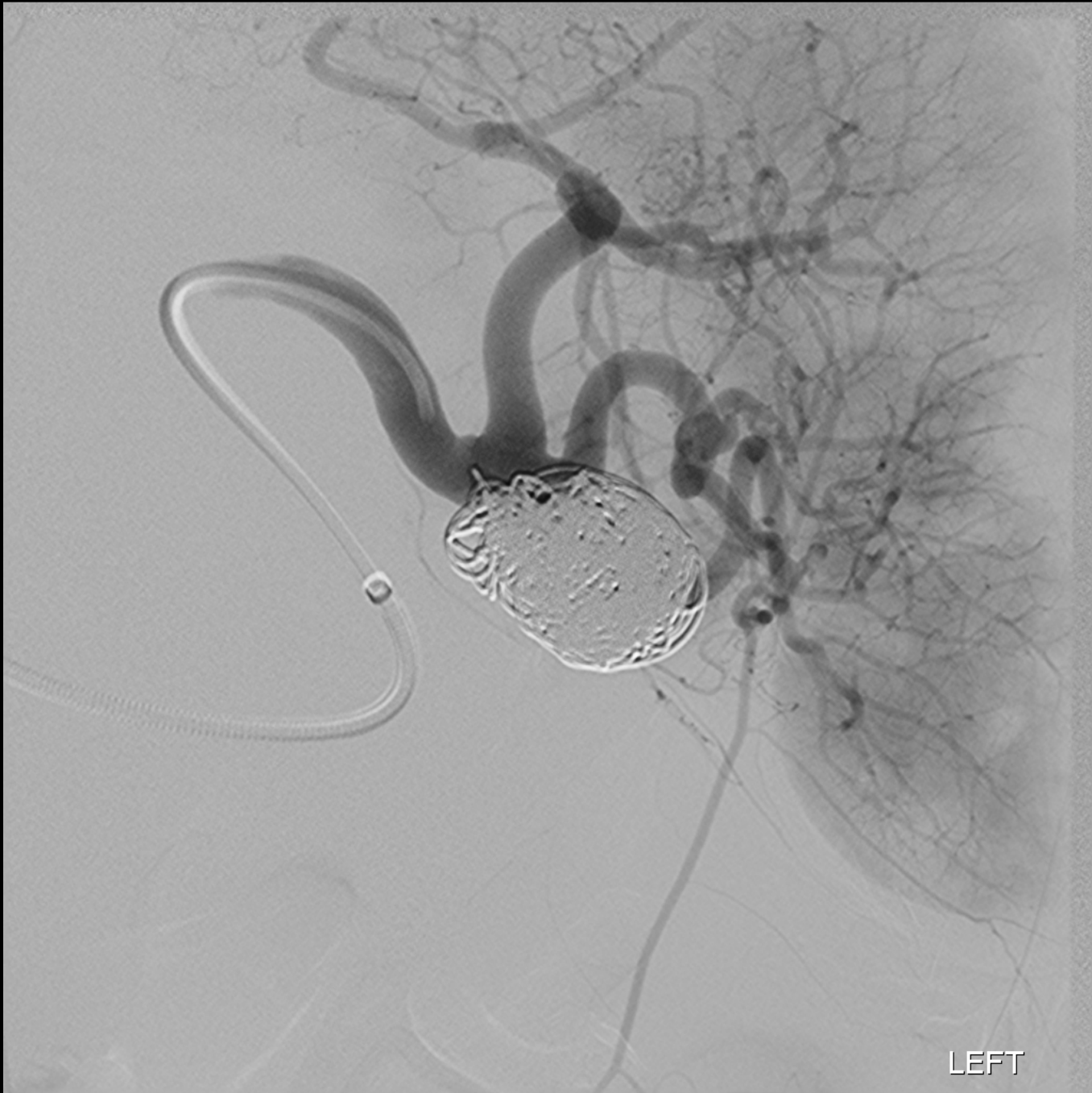




LEFT

LEFT





LEFT

Splenic Artery Aneurysm

- Prevalence 0.1% general population
 - 10% in patients older than 65 years old
 - 50% in patients with portal hypertension
- 60% of visceral arterial aneurysms (most common)
- Most are asymptomatic
 - Incidental findings
 - Multiple in 20%
 - Females 4 times more prevalent than males
 - Risk Factors
 - Portal hypertension
 - Pregnancy
 - Arterial fibrodysplasia
 - Atherosclerosis
 - Splenomegaly

Splenic Artery Aneurysm

- Risk of rupture 3–10% of cases
 - 10–25% risk of mortality among non-pregnant patients
 - up to a 70% risk of mortality in pregnant women
- Treatment indication (size > 2.0 cm)
 - pregnant women
 - women of childbearing age
 - patients with symptoms possibly related to their aneurysm
 - Planned liver transplantation
 - Any size pseudoaneurysm

Splenic Artery Aneurysm

- Treatment options
 - open or laparoscopic surgical repair
 - endovascular repair
 - coil embolization (packing, isolation)
 - stent graft implantation (covered)
 - liquid embolic agents
 - percutaneous thrombin injection
- Complications
 - Splenic infarction/abscess
 - Post-embolization syndrome
 - Rupture (rarely)

References

- Splenic arterial interventions: anatomy, indications, technical considerations, and potential complications. Madoff DC, Denys A, Wallace MJ et al. Radiographics. 2005 Oct;25 Suppl 1:S191-211.
- Endovascular management of visceral arterial aneurysms. Hemp JH, Sabri SS. Tech Vasc Interv Radiol. 2015 Mar;18(1):14-23.