Endovascular Management of a Giant Celiac Artery Aneurysm

Gaetano Vitale^{1,2}, Fabio Simoncini¹, Umberto Marcello Bracale² and Gastone Bergamaschi¹

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Picture 1.

Picture 2.

¹Department of General Surgery, Section of Vascular Surgery, "Fracastoro" Hospital, Italy and ²Department of Vascular and Endovascular Surgery, University of Palermo, Italy

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Correspondence to Dr. Umberto Marcello Bracale, umbertomarcello.bracale@unipa.it

Picture 3.

A 64-year-old man with a history of coronary artery disease and hypertension was admitted to our Emergency Department because of diffuse abdominal pain. The physical examination revealed an abnormal pulsatile mass in his tender abdomen. Contrast enhanced computed tomography (CT) showed a huge aneurysm of the celiac artery (CAA) measuring 13 cm at its maximal diameter (Picture 1A). The 3D volume-rendered image revealed an anatomic variation of the common hepatic artery (arrow) arising as a branch of the superior mesenteric artery (asterisk) (Type 5 Hiatt classification¹; incidence rate: 1.5%) (Picture 1B). Selective angiography of the celiac artery confirmed the anatomic anomaly and showed the aneurysm to be feasible for endovascular exclusion [postero-anterior (PA) projection]. After coil

embolization of the splenic artery we occluded the origin of the celiac artery with an Amplatzer occluder device of 10 mm [right anterior oblique (RAO) 20° projection] (Picture 2A, B). A 30-day contrast-enhanced CT scan showed the total exclusion of CAA (Picture 3A, B). The patient was doing well at his 3-month follow-up visit.

The authors state that they have no Conflict of Interest (COI).

Reference

1. Hiatt JR, Gabbay J, Busuttil RW. Surgical anatomy of the hepatic arteries in 1000 cases. *Ann Surg* **220**: 50-52, 1994.