Spontaneous Isolated Celiac Artery Dissection

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A 43-year-old man with a 10-year history of hypertension developed sudden-onset abdominal pain three days before admission and vomited several times. He presented to our hospital, as the abdominal pain persisted. No abnormal findings were noted on blood tests, a urinalysis or electrocardiography. Abdominal enhanced computed tomography indicated dissociation of the celiac artery; however, no abnormal findings were noted in other arteries (Picture). Following the administration of conservative medical treatment, including rest and antihypertensive therapy, the patient’s symptoms improved and he was discharged without any progression of the dissection. Although isolated celiac artery dissection is a rare disease, the introduction of new diagnostic modalities has led to a recent increase in the number of reports of the condition (1). We believe that, in cases of the sudden onset of persistent abdominal or back pain, particularly among patients with risk factors for arteriosclerosis, the use of diagnostic imaging is essential to detect the presence of celiac artery dissection.

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Reference