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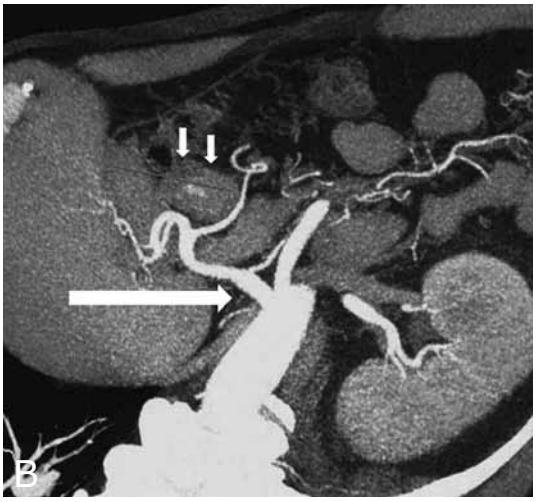
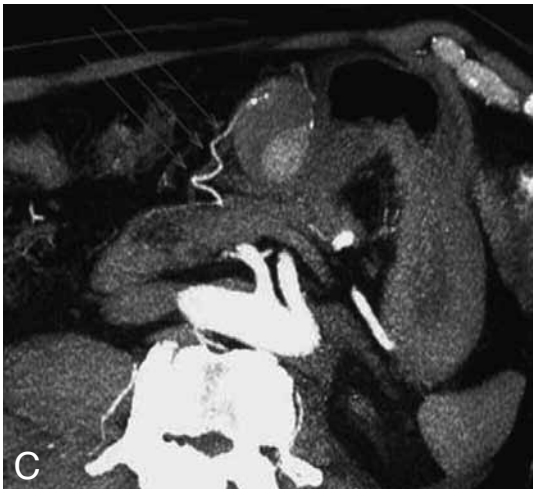
IMAGES IN CLINICAL RADIOLOGY





Gastroepiploic artery aneurysm

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A 61 year-old man was referred to our radiology departmant for abdominal multi dedector computed tomography (MDCT) evaluation because of undefined abdominal discomfort. Patients's medical history was unremarkable. Contrast enhanced MDCT scans revealed a round mass of 5 cm axis in the mesentary fat plans, close to inferior portion of the gastric antrum including cresent shaped hypodens area and 2 × 3 cm sized hyperdense area (Fig. A). MIP and curved MPR scans revealed that, the mass is a true sacculary aneurysm at the midportion of the right gastroepiploic artery (Fig. B, C). The aneursym with true lumen of 2 × 3 cm size, includes crescent shaped thrombus formation.

The patient was referred to surgery but follow-up failed.

Comment

Splanchnic artery aneurysms are very rare and important to recognize because up to 25% may be complicated by rupture, and the mortality rate after rupture is between 25% and 70% (1). The distribution of aneurysms is as follows: splenic artery, 60%; hepatic artery, 20%; superior mesenteric artery, 5.5%; celiac artery, 4%; pancreaticodoudenal arteries, 2%; and gastroduodenal artery, 1.5% (1). Splanchnic artery aneurysms were traditionally diagnosed with catheter angiography. However, with increased use of noninvasive cross-sectional imaging with CT, both of which allow 3D imaging of the aorta and its branches, these aneurysms may be detected with greater frequency and in asymptomatic patients.

Treatment is usually required even for asymptomatic patients if the diameter of the aneurysm is larger than 2 cm. Elective surgical repair is preferred. Percutaneus transcatheter embolization with a success rate of 85% may be preferred for aneurysms difficult to manage sugically and for high-risk surgical patiens.

Gastroduodenal artery aneurysms are the least common of all the splanchnic artery aneurysms. Typically, these are pseudoaneurysms developing in patients with pancreatitis. We appreciated the case as a right gastroepiploic artery aneursym. We couldn't find any similar case in the literature.

Reference

1. Pasha S.F., Gloviczki P., Stanson A.W., Kamath P.S.: Splanchnic artery aneurysms. *Mayo Clin Proc*, 2007, 82: 472-479.

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