

IMAGES

Asymptomatic ruptured splenic artery aneurysm

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A 54 year-old man with no relevant medical or surgical history consulted the emergency department for sudden abdominal pain, bradycardia and hypotension with signs of peripheral perfusion deficit. He required admission to the intensive care unit (ICU) due to hemodynamic instability. Computed tomography (CT) (Figure 1) showed active bleeding through an unknown splenic artery

aneurysm with significant hemoperitoneum and hemoretroperitoneum. Subsequent virtual reconstruction and vascularization study clearly confirmed the diagnosis (Figure 2). After stabilization, splenectomy was performed, with good postoperative results. The pathological study showed no significant histological alterations of the splenic parenchyma.



Figure 1. CT image showing the splenic aneurysm (solid arrow) with active bleeding and hemoperitoneum. Spleen (dashed arrow).

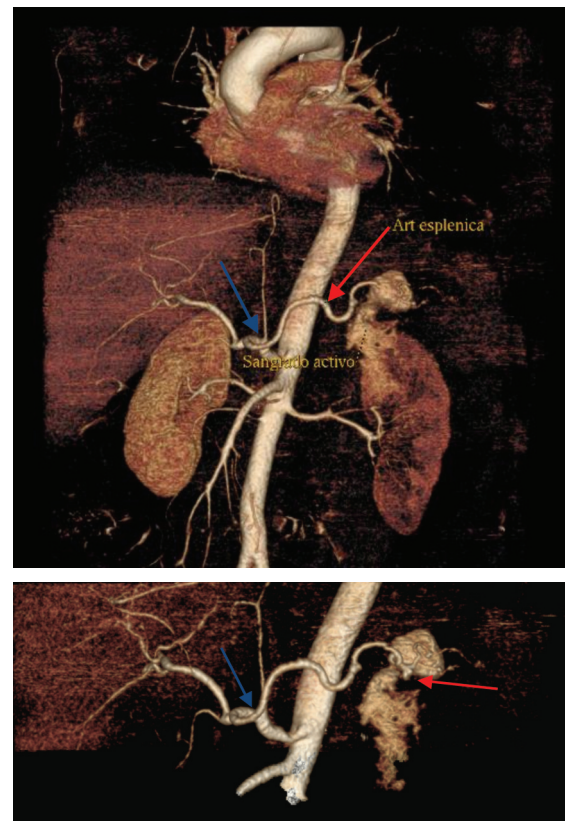


Figure 2. Reconstructed CT angiography showing the celiac trunk (blue arrow), and the superior mesenteric artery and renal arteries immediately below. The splenic artery, a branch of the celiac trunk and distal aneurysm with active bleeding (red arrow) can also be clearly seen.

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