Spontaneous rupture of splenic artery psuedoaneurysm into stomach: an uncommon presentation

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DESCRIPTION

A young man with chronic calcific pancreatitis presented with passage of black tarry stool. He had haematemesis 2 days prior. Haemoglobin was 5 g/dL, haematocrit 15.6 with total leucocyte count 35 100 cells/ μ L. We suspected oesophageal variceal bleed. Endoultrasound showed 8.5 $\times$ 5.5 $\times$ 6 cm psuedocyst with echogenic areas and grade 1 oesophageal varices without bleeding. Diagnosis of acute on chronic pancreatitis with infected pseudocyst was made and the patient was transfused with blood and was treated conservatively. The patient had profuse haematemesis on the third day of hospitalisation. We suspected splenic artery psuedoaneurysm with rupture into the stomach. CT abdomen showed extravasation of contrast from the splenic artery (figure 1). CT embolisation was tried but failed. Immediately the patient was taken for laparotomy. Gastrocolic omentum forming the anterior wall of the pseudocyst was opened and three fist full clots were removed (figure 2). Splenic

Figure 1 CT abdomen showing contrast extravasation from splenic artery.

Figure 2 Psuedoaneurysm after splenic artery ligation, splenectomy and adequate saline lavage.

Figure 3 Stomach perforation by psuedoaneurysm.

vein and artery were transfixed, pancreatic duct was ligated, and distal remnant pancreas and spleen were removed. Approximately 2.5 cm rent was seen in the stomach (figure 3). After adequate lavage with warm saline the stomach rent was closed and drains were placed. The patient did not develop pancreatic fistula and had uneventful recovery.

Learning points

- ▶ The diagnosis of ruptured splenic artery aneurysms into the gastrointestinal tract can sometimes be missed, especially in alcoholics and in patients with pancreatitis because several more common causes of bleeding could exist in these populations.¹
- ▶ Since most aneurysms occur in the distal portion, often in close association with the hilum of the spleen, splenectomy is recommended. However, in the setting of pancreatitis, en bloc removal of the involved pancreas including the aneurysm is recommended.^{2 3}
- ▶ With progressive expansion, a pseudoaneurysm may ultimately rupture into the gastrointestinal tract, the free peritoneal cavity, or, rarely, into the pancreatic duct.^{4 5} Rupture usually occurs into the lesser sac (including a pseudocyst) initially.
- ▶ Transcatheter embolisation is the treatment of choice in splanchnic artery aneurysms and pseudoaneurysms.⁶

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