

PP 3

Case report-A rare cause of fatal acute abdomen-Celiac artery aneurysm.

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Introduction Celiac artery aneurysm is one of the rarest types of visceral artery aneurysms (VAA) with an incidence of 0.1%-2%. The VAA is also found to be associated with rare diseases such as Neurofibromatosis (NF) type 1.

Case presentation A 63-year-old male, a known patient with NF type 1, presented with sudden onset of severe epigastric pain for 6 hours and was transferred for further specialized management. Upon examination, he had tenderness and guarding in the epigastric region. While waiting for a computed tomography (CT) scan, he went into cardiac arrest and was successfully resuscitated. Subsequently CT scan revealed a celiac artery aneurysm without any active contrast leakage, but there was a retroperitoneal hematoma noted. An emergency laparotomy was performed, and celiac artery was ligated. He needed massive blood transfusion due to significant blood loss. Unfortunately, the patient eventually died due to disseminated intravascular coagulopathy.

Discussion Neurofibromatosis type 1 has a remarkable association with a spectrum of arterial diseases that may be occlusive or aneurysmal. Vascular tree screening should be considered in clinically suspicious patients to prevent fatal aneurysmal complications. Angiography is the gold standard for diagnosis. The VAAs can be treated surgically or by means of endovascular methods.

The selection of treatment strategies depends on anatomical location, size, presentation, and patient factors. Indications to treat VAA in NF patients are the same criteria as in patients without NF. Treatment is considered in asymptomatic patients when a celiac artery aneurysm is larger than 2.5 cm in diameter. The endovascular approach is the first-line treatment even in haemodynamically unstable patients of all ages because of lesser complications.

Conclusion Though celiac artery aneurysm is rare, it should be considered as one of the prompt differentials diagnoses in patients present with an acute abdomen to improve outcome, especially in at-risk individuals such as our patient with neurofibromatosis.