Management of a complex coeliac axis pseudoaneurysm

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86 year old man; left flank pain

1. CT IVU – pseudoaneurysm (P) from common hepatic artery origin to its bifurcation (11cm)
   MDT decision to treat

2. Gastro-duodenal artery (GDA) arose from pseudoaneurysm
   Micro-catheter access and micro-coil deployment

3. Micro-coils in left and right hepatic arteries (LHA & RHA)

4. Coils in left gastric artery (LGA)

5. 6 x 50mm Viabahn stent (St) from coeliac axis (CA) to splenic artery (SA)
   *Type 1 endoleak on angiography*

6. 8 x 50mm Viabahn stent within stent
   *No endoleak after second stent*

7. No endoleak on follow up CTA

8. New coeliac axis origin stenosis (traumatic dissection) but not limiting perfusion of spleen

Aims:
- exclude pseudoaneurysm
- maintain splenic perfusion

Difficulties:
- no 'front door'
- GDA arises from pseudoaneurysm

Complication:
- coeliac axis origin stenosis

Result:
- SUCCEEDED IN BOTH AIMS