

Introduction

Aneurysms of celiac are uncommon and represent only 4% of all the visceral aneurysms. Spontaneous dissection of these lesions is even rarer.

Treatment is recommended to avoid rupture, which is thought to occur approximately 15-20% of cases.

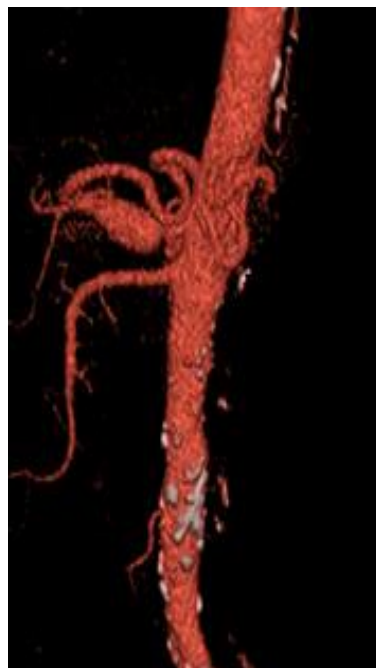


Fig.1 and 2 - Pre operative CT scan.

Case Report

Patient of 63 years old, with history of hypertension, diabetes and left kidney cancer submitted to nephrectomy .

During cancer follow-up he performed a CT scan that revealed an asymptomatic dissected celiac trunk aneurysm, with 25 mm of diameter,

Due to increased of aneurysm, he was proposed to an endovascular repair. that was performed through a braquial approach involving **embolization of the splenic artery** with Azur® coils (Terumo Medical, Somerset, NJ) and placing of a **balloon expandable covered stent graft** (Lifestream™, Bard®·Murray Hill, NJ, EUA) from the origin of the celiac trunk into the common hepatic artery.

The final arteriography demonstrated successful exclusion of the celiac artery without evidence of endoleak. The patient was discharged at second post operative day, with normal liver function.

Follow-up CT scan at three months reveled decrease of aneurysm diameter, but an endoleak throw the left gastric artery. It was decided a conservative approach, maintaining the surveillance.

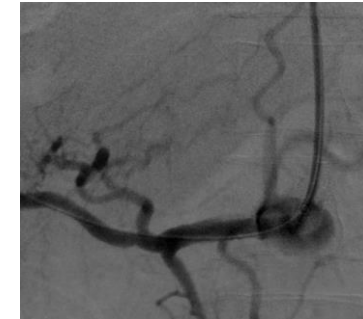


Fig.3 and 4 - Intra operative arteriography.



Fig. 5 and 6 – Post operative CT scan.

Conclusions

Celiac trunk aneurysm is a rare type of splanchnic aneurysm with high rupture rate. Endovascular treatment requires careful pre-operative planning and results in successful treatment via a minimally-invasive approach, however it still missing long term follow-up.