Successful endovascular stenting for symptomatic isolated spontaneous celiac artery dissection: A case report

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Isolated spontaneous celiac artery dissection is a rare disease entity with no consensus on management strategy. Patients typically present with isolated epigastralgia. We report the case of a 41-year-old hypertensive woman with sudden onset persistent epigastric pain radiating to the back and subsequent computer-tomographic angiography revealed celiac artery dissection. The location of the dissection flap was not well visualized on the computer tomographic (CT) image but the false lumen starting from the celiac trunk origin and extending into the mid-splenic artery with partial thrombosis was noted. The true lumen of the celiac artery and its branches were largely compressed by the false lumen and hypoperfusion of the medial aspect of the spleen was also seen.

Patient had complete resolution of symptoms shortly after the intervention. She was started on dual anti-platelet agent and discharged one week after the procedure. Follow up CT images show significant reduction in false lumen where left gastric, hepatic and distal splenic arteries are widely patent.

In view of persistent symptoms despite medical treatment, emergency endovascular stent to the celiac trunk was performed. A 7x24mm Hippocampus™ Balloon expandable stainless stent was placed at the origin of the celiac trunk after successful access to true lumen of celiac trunk and its branches. Left gastric artery and hepatic artery were well visualized on post-intervention angiography and the blood flow to the spleen also improved.