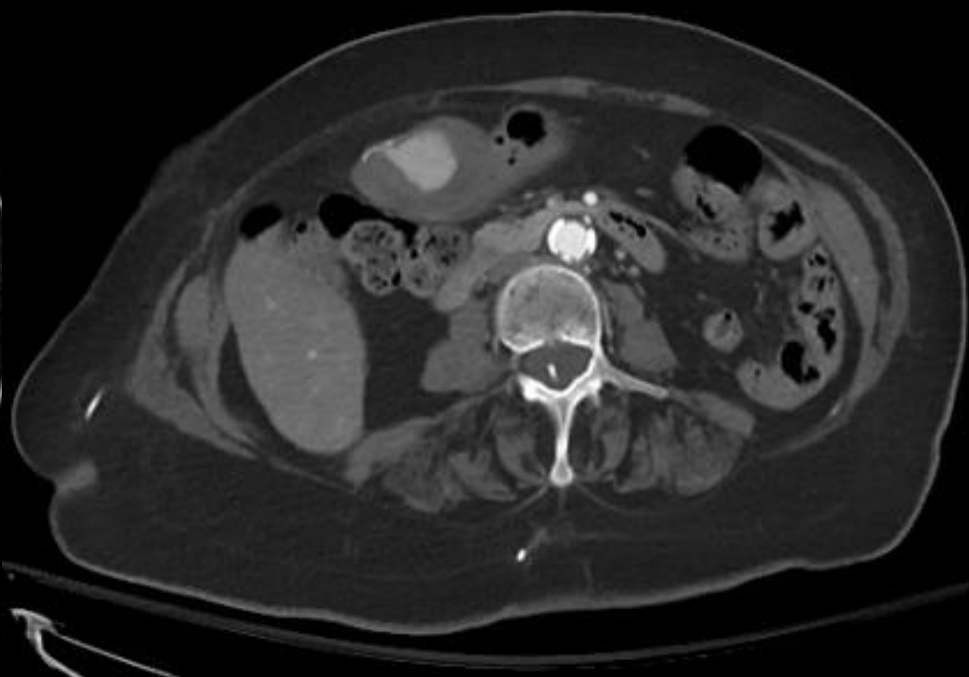
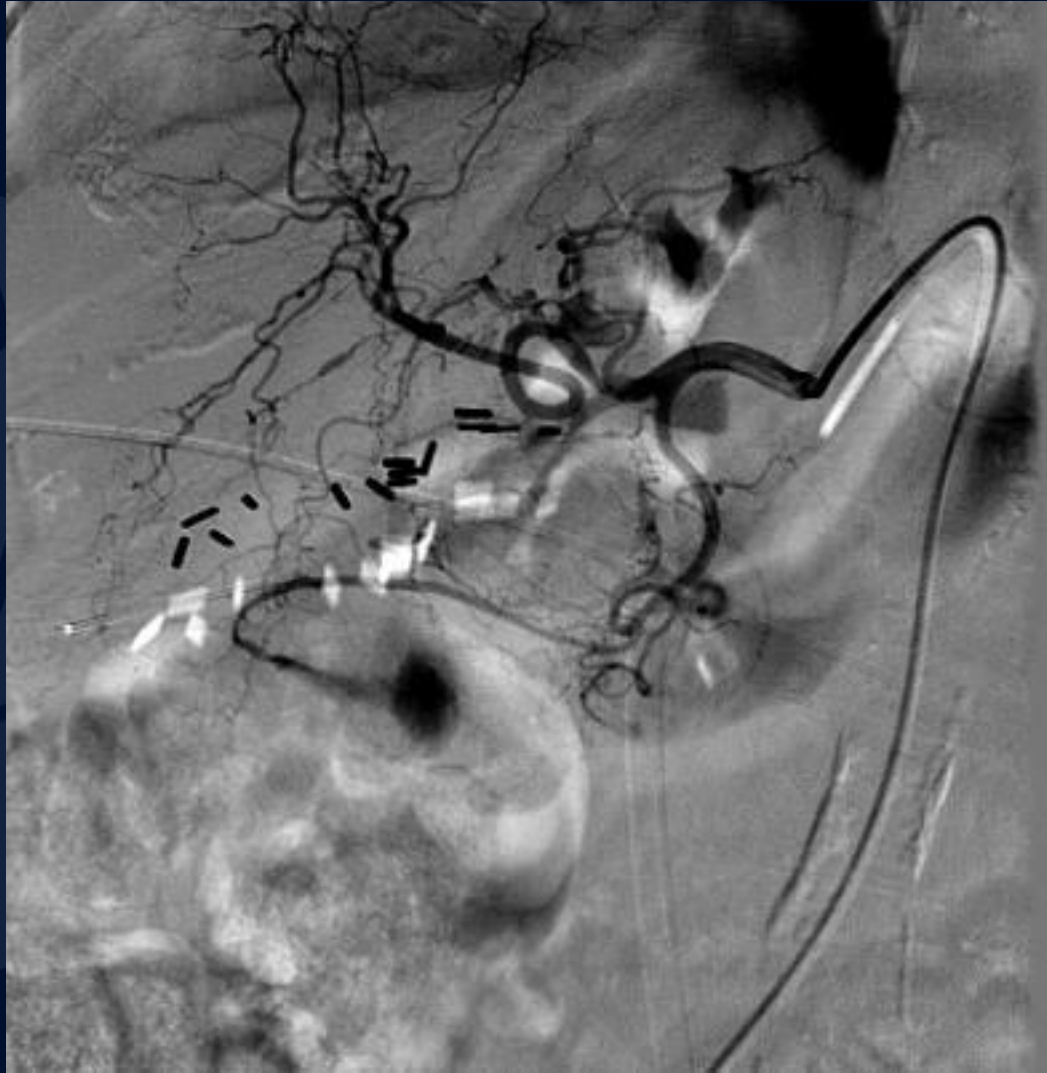


76 year old woman with bright red blood in her stool

Allan Zhang DO
Charan Singh MD





A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

?

Right gastroepiploic artery pseudoaneurysm

Series CTA GI BLEED 2.5mm
Slice Thickness 2.50 mm

Slice Location -170
Image #64/173



Axial contrast-enhanced computed tomography showing 2.3 cm pseudoaneurysm (arrow) is the region of the distal stomach



Celiac axis angiography demonstrates a large right gastroepiploic pseudoaneurysm (arrow)

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Visceral pseudoaneurysm

Clinical Presentation:

- Usually asymptomatic, discovered incidentally
- Up to 25% may be complicated by rupture, in which case pts present with acute abdominal pain and bleeding.

Imaging:

- U/S → swirling of blood within the pseudoaneurysm 'ying-yang' sign
- CECT → contrast extravasation into the pseudoaneurysm on arterial phase; delayed phase may show contrast retention
- Angiography → saccular outpouching off the vessel of concern

Treatment

- different visceral pseudoaneurysm dictates different treatment approaches.
- surgical—open approach, offers better exposure of the aneurysm but also increases mortality
- endovascular—glue, coil embolization, gelform, less invasive, decrease duration of hospital stay

References

1. Visceral and Renal Artery Aneurysms: A Pictorial Essay on Endovascular Therapy
2. Visceral Artery Aneurysms: Diagnosis and Percutaneous Management