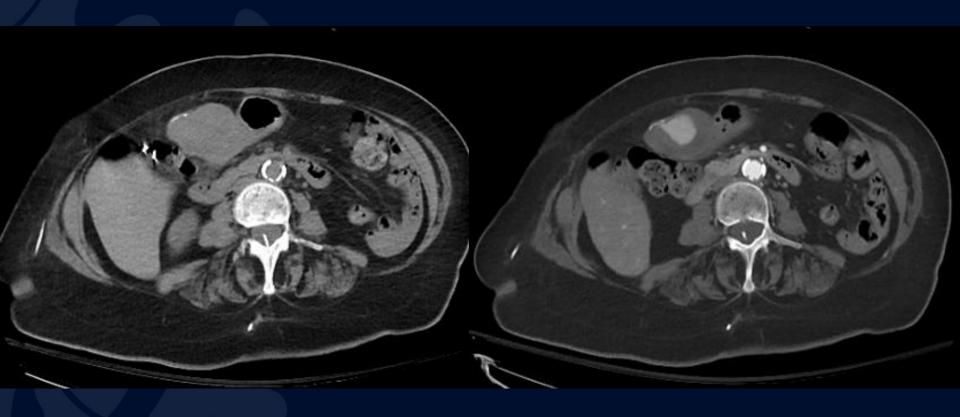
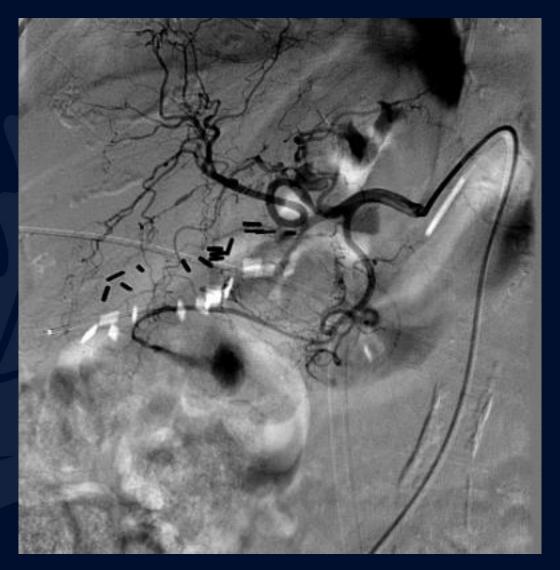
76 year old woman with bright red blood in her stool

Allan Zhang DO Charan Singh MD











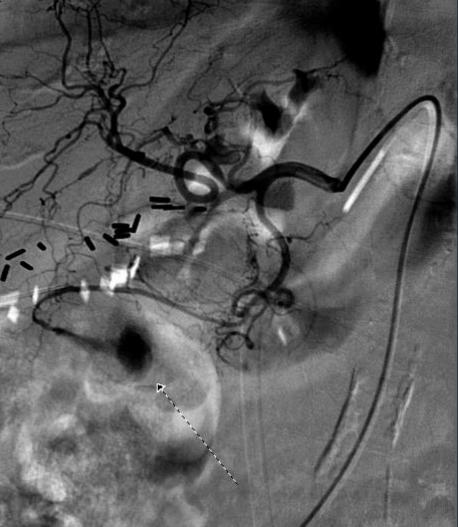




Right gastroepiploic artery pseudoaneurysm







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



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

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

