76 year old woman with bright red blood in her stool

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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

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