A 24-year-old male patient with a history of laparoscopic splenectomy presented to the outpatient clinic with pain and fullness in the left upper quadrant of the abdomen. Physical examination and laboratory results were unremarkable. Contrast-enhanced computed tomography (CT) showed aneurysm with a maximum diameter of 30 mm on the distal part of the tortuous splenic artery and splenic arteriovenous fistula and early opacification of the splenic vein (Fig. 1A, B). Three-dimensional CT reconstruction revealed aneurysm and connection between the splenic artery and vein (Fig. 1C). Aneurysm was interpreted in favor of pseudoaneurysm in the case with a splenectomy history. Splenic artery pseudoaneurysm with splenic arteriovenous fistula infrequently occurs as a complication of splenectomy. Rupture and portal hypertension are potential complications.

This patient subsequently underwent endovascular intervention, treated with coil embolization, and has continued to do well on clinical follow-up visits.

Discussion

Occurrence of a splenic artery pseudoaneurysm with an arteriovenous fistula is a rare complication might be seen after splenectomy. Rupture is the major risk of splenic artery pseudoaneurysm and mortality is almost inevitable if it rupture. Also, untreated splenic arteriovenous fistulas may cause portal hypertension. Therefore, splenic pseudoaneurysm must be treated without delay regardless of their size, even if there is no bleeding due to high-rupture risk. Contrast-enhanced CT, CT angiography, and splenic arteriography are useful imaging modalities for diagnosis.

Fig. 1 (A–C) Contrast-enhanced computed tomography (CT) showed aneurysm with a maximum diameter of 30 mm on the distal part of the tortuous splenic artery and splenic arteriovenous fistula and early opacification of the splenic vein. (C) Three-dimensional CT reconstruction revealed aneurysm and connection between the splenic artery and vein. A, anterior; Av, average; F, front; L, left; P, posterior; R, right; SD, standard deviation.
arteriogram are valuable for diagnosis. Conventionally, splenic pseudoaneurysm was managed by surgery, but endovascular approach became the mainstay treatment in recent years. As a conclusion, diagnosis and treatment of splenic pseudoaneurysm and arteriovenous fistula are crucial to avoid associated fatal risks.

Conflict of Interest
None declared.

References