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Interventional Radiology

Spontaneous hemoperitoneum resulting from segmental arterial mediolysis

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ABSTRACT

Segmental arterial mediolysis is a rare but potentially life-threatening arteropathy of medium to large arteries that can be managed with endovascular treatment for patients who are hemodynamically unstable. We present a case of segmental arterial mediolysis in a 73-year-old woman who developed spontaneous hemoperitoneum in the emergency department after initially presenting with unrelated upper respiratory complaints. Her initial computed tomography revealed an aneurysm arising off the right hepatic artery. She was taken to the interventional radiology suite for embolization and multiple aneurysms along the right hepatic artery were identified that had the appearance of segmental arterial mediolysis. She initially stabilized but then developed acute renal failure and had a decrease in hemoglobin on postprocedure day 2. She was taken back to the angiography suite where multiple small left gastric and left hepatic trunk aneurysms were identified, with a small area of extravasation evident. The vessel was coiled from the liver to the origin of the left gastric artery. She was discharged and had a follow-up angiogram 2 months later, which showed interval development of an aneurysm to the distal right hepatic artery.

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Case report

A 73-year-old woman with a medical history of hypertension and hypercholesterolemia initially presented to the emergency department for sinus congestion. While in the emergency department, she experienced sudden onset of severe pain in her right upper quadrant with nausea and vomiting. On examination, she appeared uncomfortable and pale with exquisite right upper quadrant tenderness; temperature was 96.1°F, blood

pressure was 81/51 mm Hg, heart rate was 86 bpm, respiratory rate was 20 breaths/min, and O₂ saturation was 96%. Her hemoglobin and hematocrit (H/H) decreased from 11 and 32.9 to 9.1 and 25.4 after the onset of abdominal pain. She was then taken for computed tomography (CT) of the abdomen and pelvis with contrast which revealed hemoperitoneum and an aneurysm arising off the right hepatic artery as a probable source of the bleeding (Fig. 1). She was given fluids and a blood transfusion, and interventional radiology was consulted for embolization. During the intervention, multiple aneurysms were

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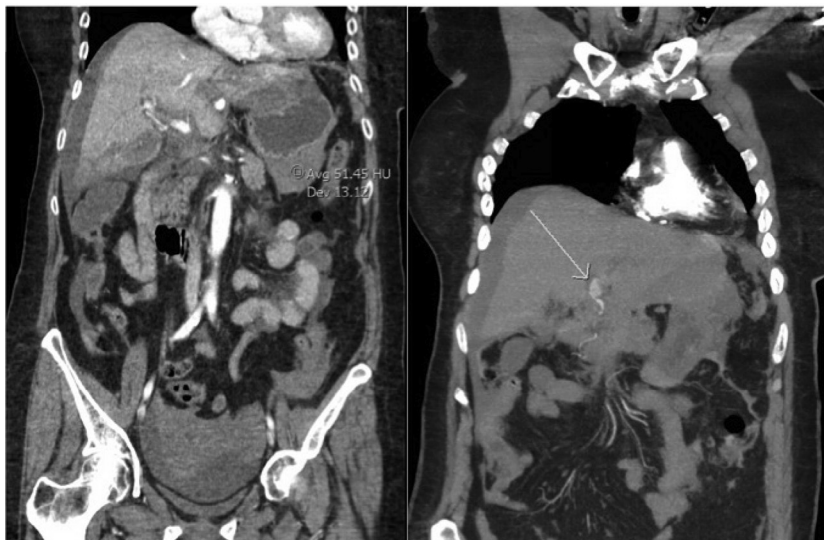


Fig. 1 – Computed tomography of the abdomen and pelvis with contrast showing hemoperitoneum and an aneurysm arising off the right hepatic artery.

identified along the course of the right hepatic artery that had the angiographic appearance of segmental arterial mediolysis (SAM). The dominant right hepatic artery aneurysm, which was thought to be the site of the bleeding, was identified and coiled (Fig. 2).

The patient initially stabilized with an H/H of 10.2/29.9 and blood pressure of 107/66; however, on postprocedure day 1, her H/H once again decreased to 8.9/24.2 and she developed acute renal failure. A noncontrast CT was ordered, which was not diagnostic. The patient was brought back to the angiography suite where multiple small left gastric and left hepatic trunk aneurysms were identified, with a small area of extravasation evident. The vessel was coiled from the liver to the origin of the left gastric artery (Fig. 3). After the procedure, her blood pressure stabilized to 110/80 and her H/H increased to 10.1/

27.3. The patient was eventually taken off pressors and transferred out of the intensive care unit. The H/H remained stable and she was discharged on hospital day 15. She returned for a follow-up angiogram after 2 months, which showed that there was a new aneurysm to the distal right hepatic artery. The feeding vessel to the aneurysm was subsequently coiled (Fig. 4).

Discussion

SAM is a relatively rare nonatherosclerotic, noninflammatory arteropathy characterized by degeneration of the muscular layer of medium to large arteries. The splanchnic and renal arteries



Fig. 2 – Multiple aneurysms are identified along the course of the right hepatic artery with the angiographic appearance of segmental arterial mediolysis. The dominant right hepatic artery was then coiled.

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