

SPLENIC ARTERY PSEUDOANEURYSM PRESENTING AS RECURRENT MASSIVE UPPER GASTROINTESTINAL BLEEDING: A DIAGNOSTIC ENIGMA

Cidalina Caetano

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Poster

Oesophagus

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A 54-year-old man with recurrent upper gastrointestinal bleeding initially treated as Dieulafoy lesion was ultimately diagnosed with a splenic artery pseudoaneurysm communicating with the posterior gastric body and successfully treated with microcoil embolization.

KEY POINTS

- The patient presented with multiple episodes of hematemesis and melena over several weeks, initially attributed to a presumed Dieulafoy lesion in the posterior gastric body and treated endoscopically with clips.
- CT imaging revealed a hypodense area in the pancreas tail contacting the splenic artery and posterior gastric body, initially thought to be an intraductal papillary mucinous neoplasm but later identified as a pseudocyst.
- Review of prior medical records from the time of spleen rupture revealed a previously documented pancreatic collection consistent with pseudocyst on cytology.
- Angiography confirmed a splenic artery pseudoaneurysm communicating with the posterior gastric body, treated with microcoil embolization with no recurrent bleeding for 10 months.
- The case highlights that splenic artery pseudoaneurysms, rare complications of pancreatitis with mortality up to 52 percent, require high clinical suspicion and thorough review of medical history for timely diagnosis.

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