CASE OF SPLENIC INFARCTION AFTER SCLEROTHERAPY FOR GASTRIC VARICES ASSOCIATED WITH ANATOMICAL VARIATION OF LEFT GASTRIC ARTERY

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A 24-year-old man with portal hypertension and variceal bleeding developed splenic infarction 30 hours after sclerotherapy when sclerosing agents were inadvertently injected into enlarged arterial branches of the left gastric artery supplying the spleen.

KEY POINTS

- The patient had inherited thrombophilia with extensive involvement of the celiac trunk, portal vessels, and portal cavernous transformation, and was undergoing his third session of endoscopic variceal treatment.
- Post-procedure, he developed left upper abdominal pain, fever, and leukocytosis; CT showed large hypodense splenic areas consistent with splenic infarction.
- CTA with 3D visualization revealed complete splenic artery occlusion and abnormal enlarged arteries from the left gastric artery supplying the spleen, into which sclerosing agents had been injected.
- The patient was treated conservatively with oral antibiotics and anti-inflammatory drugs, and symptoms gradually resolved.
- The authors suggest pre-operative CTA with 3D visualization may help identify vascular anatomical variations before endoscopic variceal therapy in complex cases.

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