

[PICTURES IN CLINICAL MEDICINE]

Aortic Dissection-induced Pseudoaneurysm Penetrating the Stomach

Yusuke Biwata¹, Eiji Sakai¹, Masahiko Kawaguchi² and Toru Watanabe²

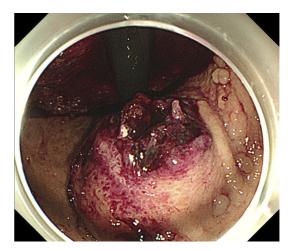
Key words: aortic dissection, pseudoaneurysm, gastrointestinal bleeding

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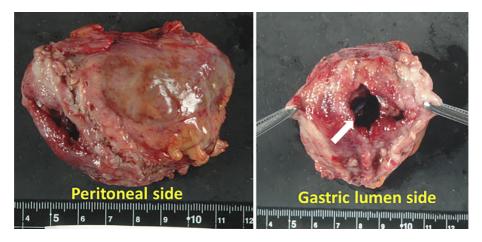
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Picture 1.



Picture 2.



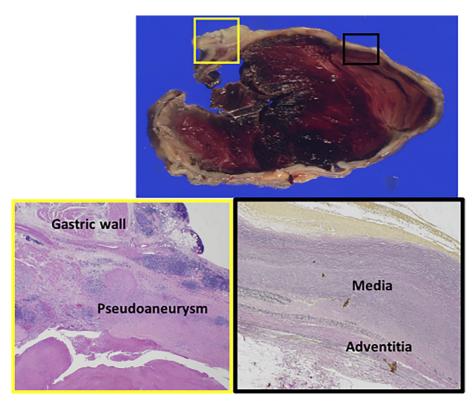
Picture 3.

An 87-year-old woman, who presented severe anemia contrast CT identified Stanford type-B aortic dissection and with hematemesis was admitted to our hospital. Abdominal a 50-mm gastric tumor-like mass with extravasation (Pic-

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Correspondence to Dr. Eiji Sakai, eiji525@yokohama-cu.ac.jp

¹Department of Gastroenterology, Yokohama Sakae Kyosai Hospital, Japan and ²Department of Surgery, Yokohama Sakae Kyosai Hospital, Japan



Picture 4.

ture 1). Upper gastrointestinal endoscopy revealed a submucosal tumor-like lesion located at the lesser curvature of the upper body, with active pulsating bleeding from its central depression (Picture 2). Because of the difficulty in achieving endoscopic hemostasis, emergent surgery was conducted. Since the mass penetrated the gastric wall, involving the branches of the left gastric artery (white arrow), *en-bloc* partial gastrectomy was performed after ligation of the left gastric artery (Picture 3). The inside of the mass was filled with blood clots. Immunohistochemical staining for c-kit, CD34, and S-100 was negative, and Elastic-Van-Gieson staining was positive, suggesting that it was pseudoaneurysm (Picture 4). Gastric artery pseudoaneurysm is a rare, condition that might present as a complication after type B aortic dis-

section (1). We describe an atypical case of gastric artery pseudoaneurysm penetrating the stomach.

The authors state that they have no Conflict of Interest (COI).

Reference

 Cronin P, Carlos RC, Kazerooni EA, et al. Aortic branch artery pseudoaneurysms accompanying aortic dissection. Part III: natural history. J Vasc Interv Radiol 23: 859-865 e3, 2012.

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