

Mass Image in Stomach: A Case of Splenic Artery Aneurysm

Yeliz Cagan Appak¹, Masallah Baran^{1,2}, Esra Avci³, Miray Karakoyun¹, Orkan Ergun⁴

¹Department of Pediatric Gastroenterology, Hepatology and Nutrition, Izmir Tepecik Training and Research Hospital, Izmir, Turkey

²Department of Pediatric Gastroenterology, Hepatology and Nutrition, Izmir Katip Celebi University School of Medicine, Izmir, Turkey

³Department of Pediatric, Izmir Tepecik Training and Research Hospital, Izmir, Turkey

⁴Department of Pediatric Surgery, Ege University School of Medicine, Izmir, Turkey

To the Editor: A 13-year-old girl had experienced abdominal pain and nausea for about 1 year, along with epigastric discomfort. An endoscopic intervention revealed a mass that protruded into the stomach lumen [Figure 1a]. A biopsy revealed normal gastric mucosa. Computed tomography (CT) indicated a mass of about 2 cm between the pancreatic tail, spleen, and stomach. CT angiography showed a 27 mm aneurysm dilatation in the first 3rd of the middle splenic artery [Figure 1b].

Splenic artery aneurysms (SAAs) are the third most common true aneurysms occurring in the abdomen, after aortic and iliac artery aneurysms. SAAs are usually asymptomatic. Patients with symptomatic SAA can present with nausea and vague abdominal discomfort in the epigastric region or left upper quadrant, mimicking gastritis.^[1] SAAs can be detected by imaging studies or endoscopic ultrasonography.^[2] The rupture of a SAA is associated with severe abdominal pain and upper gastrointestinal bleeding in some cases.^[3]

Most small (<2 cm) asymptomatic SAAs can be monitored effectively with serial imaging.^[1] However, in our case, the aneurysm was resected and an end-to-end anastomosis of the splenic artery was performed because the aneurysm was >2 cm and was symptomatic.

Declaration of patient consent

The authors certify that they have obtained appropriate patient consent form. In the form, the patient's parents have given their consent for the patient's images and other clinical information to be reported in the journal. The patient's parents understand that name and initial will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

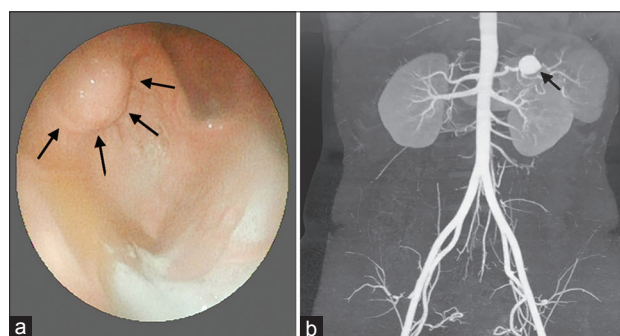


Figure 1: The protrusion effect of a mass seen endoscopically in the patient's stomach (fundus) lumen (a, arrows). Computed tomography angiography image of the splenic artery aneurysm (b, arrow).

REFERENCES

- Hogendoorn W, Lavidia A, Hunink MG, Moll FL, Geroulakos G, Muhs BE, *et al.* Open repair, endovascular repair, and conservative management of true splenic artery aneurysms. *J Vasc Surg* 2014;60:1667-760. doi: 10.1016/j.jvs.2014.08.067.
- Abbas MA, Stone WM, Fowl RJ, Gloviczki P, Oldenburg WA, Pairolero PC, *et al.* Splenic artery aneurysms: Two decades experience at mayo clinic. *Ann Vasc Surg* 2002;16:442-9. doi: 10.1007/s10016-001-0207-4.
- De Silva WS, Gamlaksha DS, Jayasekara DP, Rajamanthri SD. A splenic artery aneurysm presenting with multiple episodes of upper gastrointestinal bleeding: A case report. *J Med Case Rep* 2017;11:123. doi: 10.1186/s13256-017-1282-7.

Address for correspondence: Dr. Yeliz Cagan Appak, Department of Pediatric Gastroenterology, Hepatology and Nutrition, Izmir Tepecik Training and Research Hospital, Izmir, Turkey
E-Mail: yelizcagan@yahoo.com

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

© 2018 Chinese Medical Journal | Produced by Wolters Kluwer - Medknow

Received: 24-03-2018 **Edited by:** Yuan-Yuan Ji
How to cite this article: Appak YC, Baran M, Avci E, Karakoyun M, Ergun O. Mass Image in Stomach: A Case of Splenic Artery Aneurysm. *Chin Med J* 2018;131:1630.

Access this article online

Quick Response Code:



Website:
www.cmj.org

DOI:
10.4103/0366-6999.235119