Splanchnic artery aneurysms are rare, with an incidence of 0.01 – 0.20% in routine autopsies [1]. They occur most commonly in the splenic artery (60%) [2]. Left gastric artery aneurysms are extremely rare [3]. Multiple aneurysms are present in approximately a third of patients [4]. Here we describe a case with aneurysms arising from the left gastric and splenic arteries, presenting with massive upper gastrointestinal bleeding.

A 73-year-old man presented with an acute episode of hematemesis. He denied use of medications, including steroids, analgesics, and herbal or antiplatelet drugs. At admission, his heart rate was 130 beats/min and blood pressure was 97/61 mmHg. Laboratory data showed severe anemia (Hb 76 g/L). Emergency esophagogastroduodenoscopy revealed an elevated mass lesion over the lesser curvature of the cardiac area, measuring 35 mm, with a central ulcer with adherent blood clot, recognized as a bleeder (Fig. 1). Another elevated mass lesion with intact mucosa was found over the cardiac area, measuring 55 mm. Contrast-enhanced computed tomography (CT) of the abdomen revealed a 40 mm × 40 mm left gastric artery aneurysm with thrombus abutting the lesser curvature of the stomach and a 55 mm × 50 mm splenic artery aneurysm with thrombus at the splenic hilum and abutting the stomach (arrowhead). CT angiography disclosed the aneurysms originating from the left gastric (arrow) and splenic (arrowhead) arteries.

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Endoscopy 2009; 41: E131 – E132
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

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Fig. 3 The cut surface of the splenic artery aneurysm measured 55 mm × 50 mm × 50 mm. Fresh blood clots in the center of the aneurysm are surrounded by old laminated blood clots.