Gastric ulcer following a thrombotic aneurysm of the splenic artery

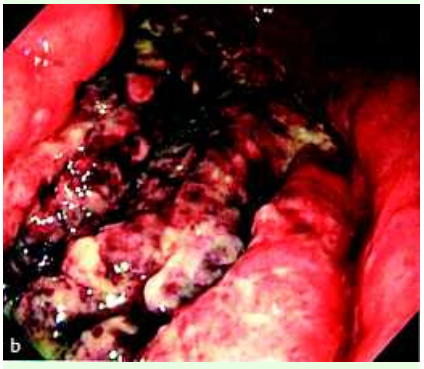

Fig. 1 Upper gastrointestinal endoscopy showing a segmental ulcer in (a) the fundus and (b) the body of the stomach.

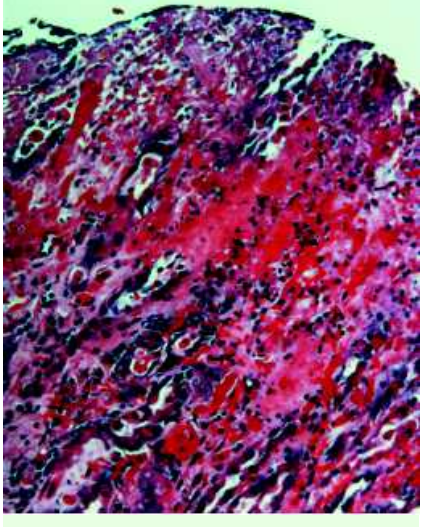

Fig. 2 Histological examination of the biopsy specimens revealing ulcerative superficial necrosis, edema and congestion. Hematoxylin and eosin stain; × 200.

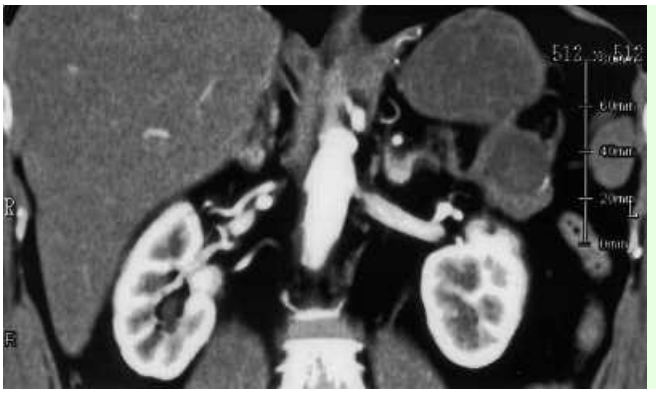

Fig. 3 Abdominal computed tomography showing a thrombotic aneurysm of the splenic artery.

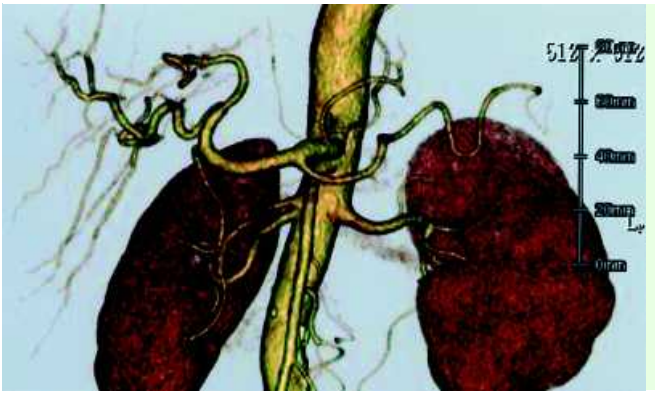

Fig. 4 Computed tomography (CT) angiography showing disruption of the splenic artery blood flow.

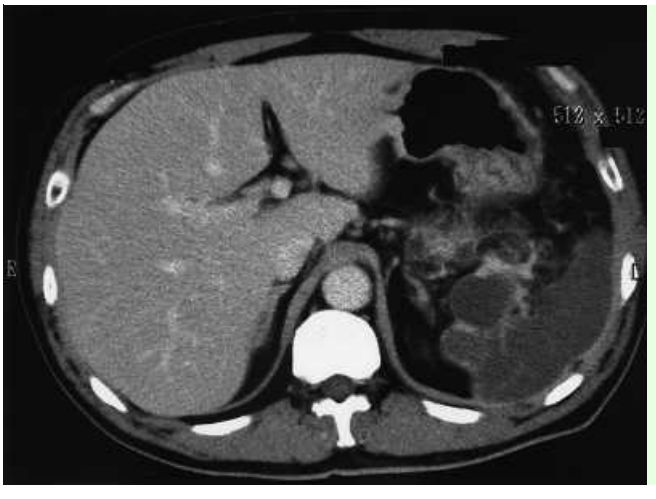

Fig. 5 Abdominal CT at 5 days following admission clearly demonstrating widespread splenic infarction.

A 50-year-old man was admitted to our hospital with upper abdominal pain of sudden onset. He had a 10-year history of hypertension, but no history of peptic ulcer, pancreatic disease, liver dysfunction, gastrointestinal operation, or use of nonsteroidal anti-inflammatory drugs (NSAIDs) or aspirin. The physical examination revealed severe tenderness in the upper abdomen. His white blood cell count was elevated to 14000/mm^3; however, the other data were almost normal. An endoscopic examination revealed a segmental ulcer in the fundus (**Fig. 1a**) and body of the stomach (**Fig. 1b**). Histological examination of the biopsy specimens revealed ulcerative superficial necrosis, edema, and congestion (**Fig. 2**). Abdominal computed tomography (CT) and CT angiography showed a thrombotic aneurysm in the splenic artery and disruption of the splenic artery blood flow (**Fig. 3** and **4**). Abdominal CT at 5 days following admission clearly revealed

widespread splenic infarction (Fig. 5). The patient's symptoms and gastric ulcer gradually improved with conservative treatment, and he was discharged 30 days after admission.

Ischemic lesions of the stomach are very rare because of the stomach's rich vascular supply and extensive submucosal plexus. Gastric ulcers, caused by severe ischemia, have been reported as a late complication of gastric surgery, accompanied by splenic infarction, or following therapeutic embolization [1–3]. However, a gastric ulcer caused by a thrombotic aneurysm of the splenic artery is a very rare but serious complication.

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