An unusual presentation of segmental artery mediolysis

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Background

- Segmental Arterial Mediolysis (SAM) is a rare non-atherosclerotic and non-inflammatory disease that often mimics vasculitis.
- It most commonly affects celiac artery and superior mesenteric artery. Here we describe an unusual presentation of SAM in an elderly woman.

Case Presentation

- A 65-year-old female with history of smoking presented with sudden onset dull epigastric pain, radiating to the back, nausea, vomiting and decreased oral intake for three days.
- ROS was negative for other symptoms. Vitals: BP 140/87 mm Hg, HR 92/min, RR 16/min and saturating 96% on RA.
- Exam revealed epigastric tenderness without rebound tenderness or guarding. Labs: WBC 15,200/μL, AST 2173 U/L, ALT 2013 U/L, total bilirubin 0.6 mg/dl, albumin 3.7 and INR 1.1
- Infectious and rheumatological work up was negative.
- CTA abdomen demonstrated multiple large aneurysms involving bilateral hepatic arteries with diffuse irregularity and ectasia of the hepatic arterial system (Fig. A)
- She underwent coil embolization of left hepatic artery. (Figure B) The procedure was complicated by spontaneous thrombosis of right hepatic artery upon catheterization.
- Post procedure CTA abdomen showed reconstitution of flow within hepatic arterial supply via collaterals.
- Patient reported improvement in symptoms and labs revealed WBC count and transaminases returning to baseline within a week.

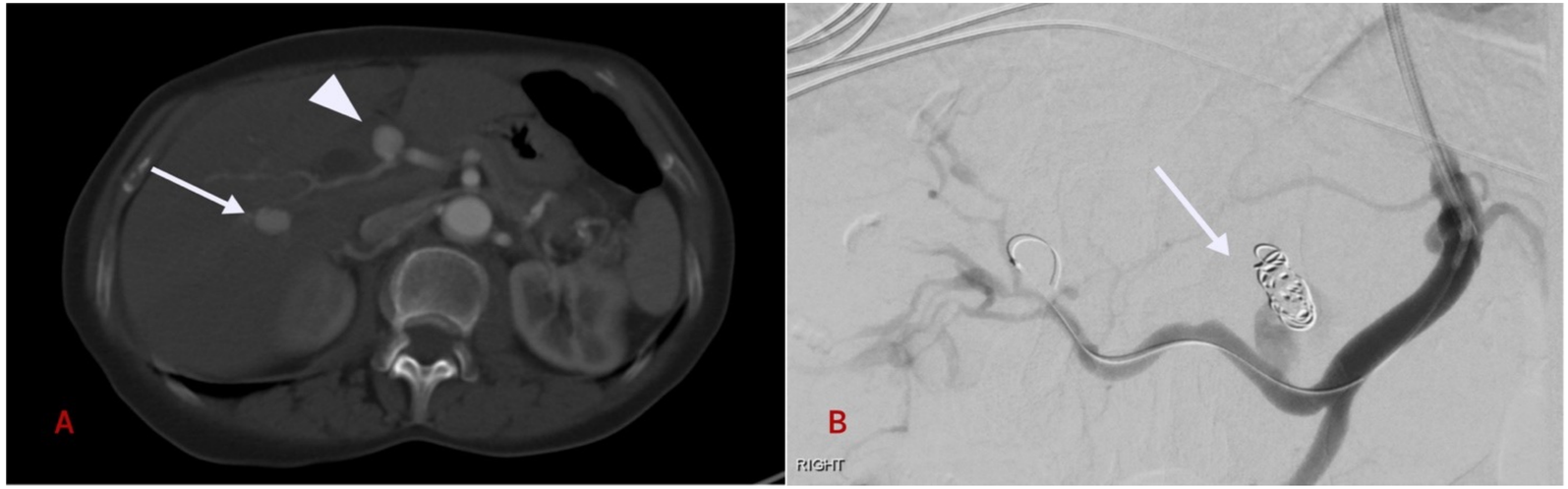

Image Caption: A) Computed tomographic angiography (CTA) of the abdomen demonstrated left hepatic artery aneurysm (arrowhead) and right hepatic artery aneurysm (arrow). B) Angiogram showing coil embolization of left hepatic artery (arrow).

Discussion

- To the best of our knowledge, this is the first reported case with multiple pseudoaneurysms involving both hepatic arteries.
- Although, in our case, histologic confirmation was not done, clinical presentation, laboratory findings and radiologic pattern, led to the diagnosis of SAM.
- Early detection is the key in the prognosis of SAM, as clinical course tends to be unpredictable and complications of vascular injury including stenosis, dissection, aneurysm or rupture may occur.

References

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