

# SPLENIC ARTERY ANEURYSM, INFARCT AND RUPTURE

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SPLENIC ARTERY ANEURYSM, INFARCT AND RUPTURE Splenic artery aneurysm

Aneurysms involving the splenic artery are estimated to be identified at 0.04–1% of postmortem examinations. They are twice as common in women and are usually situated in the main arterial trunk. Although these are generally single, more than one aneurysm is found in one-quarter of cases. These may be a consequence of intra-abdominal sepsis and pancreatic necrosis, in particular. They are more likely to be associated with arteriosclerosis in elderly patients. The aneurysm is symptomless unless it ruptures and is more likely to be detected on a plain abdominal radiograph or scan. It is unlikely to be palpable, although a bruit may be present. Rupture is unsuspected in the majority of cases and, as it will generally rupture into the peritoneal cavity, the symptoms mimic those of splenic rupture. Almost half the cases of rupture occur in patients younger than 45 years of age and one-quarter are in pregnant women, usually in the third trimester of pregnancy or at labour. Aneurysmal rupture carries a high mortality rate and this increases disproportionately in pregnant women, with almost inevitable fetal death. The treatment of choice previously consisted of splenectomy and removal of the diseased artery. Embolisation or endovascular stenting following selective splenic artery angiography can be considered and is now more commonly undertaken. In younger patients with an asymptomatic splenic artery aneurysm, surgery or interventional radiology is indicated, depending on local expertise, after CT scan, MRI or selective coeliac angiography has confirmed the diagnosis ( Figure 70.8 ). In elderly patients with a calcified aneurysm, there is less risk of rupture and observation may be preferred.

Figure 70.8 Computed tomography scan showing a pool of contrast in a pseudoaneurysm (arrow) situated in the tail of the pancreas adjacent to the spleen.

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