An unknown ruptured hepatic aneurysm and successful endovascular stent-graft

Aneurysms of the hepatic artery are rare. The presenting features include abdominal pain, which may be associated with a mass. More acutely, patients present with signs of hypovolaemia secondary to rupture. Hepatic artery aneurysms (HAAs) are a rare but a clinically important phenomenon. A review of the hepatic artery aneurysms remain a clinically significant entity. Their incidence continues to rise slowly and mortality from spontaneous rupture is high. A 48-year-old female was admitted with a 6.5 cm hepatic artery aneurysm, from regional hospital. She had severe epigastric pain and subsequently became haemodynamically unstable. At admission she was found to be pale, cold, sweaty, hypertensive with BP 80/50 mmHg, with thready pulse, without swollen neck veins, and signs of lung congestion. Partial oxygen pressure was 62%. Ultrasound scan demonstrated a mass with arterial blood flow, and computed tomography scan revealed a left hepatic artery aneurysm. She did not have trauma, infection, congenital aneurysm or perioperative cardiac event. The patient was immediately transported to the operating room. In this case, the aneurysm was intrahepatic and no underlying abnormalities of the hepatic vessels were found. We discuss the clinical scenario of patients with hepatic artery aneurysm and stress the importance of considering the diagnosis in the setting of a catastrophic abdominal event. At surgery, the ruptured aneurysm was identified and the left hepatic artery was successfully ligated. Hepatic artery aneurysms rupture was treated with an endovascular stent-graft. Postoperatively, aminotransferases were increased over 50 times (AST 1776 IU/L, ALT 1180 IU/L), LDH 2620 IU/L, while CPK was normal. Total serum proteins were 69 g/l, serum albumin 34 g/l, total bilirubin 32.6 µmol/l, blood sugar 4.2 mmol/l. The fifth day, the patient became extremely weak but without abdominal pain. HAV, HBV, and HCV infections were excluded by appropriate tests. Plasma levels of conventional liver function enzymes and of alpha-glutathione-S-transferase were within normal limits. This was used to assess the extent of any hepatic cellular damage perioperatively. The patient made a good recovery and was well at his routine outpatient check-ups. Kim JH emphasized the importance of ultrasound and CT imaging findings rupture of aneurysm of the common hepatic artery, as we have done. Aburano H have treated his patient, with hepatic artery aneurysm, with an endovascular stent-graft, as in our case. Management options range from reconstruction using prosthetic grafts to excision or embolisation. Surgery is the treatment of choice for extrahepatic aneurysms, whereas radiological embolisation is more appropriate for intrahepatic aneurysms. Some experts have suggested reserving embolisation for aneurysms which are difficult to operate due to poor accessibility.

References

ERRATA CORRIGE


Pubblicato sul n. 4 del 2014 (pagg. 397-403) di Annali Italiani di Chirurgia, è stato riportato in modo errato il cognome di uno degli Autori (Braberini invece di BARBERINI)

Ci scusiamo con l’Autore per l’involontario errore che è stato corretto anche sul sito della rivista

* * *

Nel lavoro “The role of plastic surgeon in complex cephalic malformations. Our experience” pubblicato sul n. 2 del 2014 (pagg. 166-170) di Annali Italiani di Chirurgia, è stato trascritto in maniera errata il cognome di uno degli Autori (Chiumariello invece di CHIUMMARIELLO) che sono pertanto: Stefano Chiummariello, Giuseppe Del Torto, Giuseppe Guarro, Carmine Alfano.

È giusto invece il riferimento dell’Autore corrispondente in calce alla prima colonna della prima pagina del lavoro.