

MULTIPLE SPLENIC ANEURYSMS IN A PATIENT WITH PORTAL HYPERTENSION SECONDARY TO CAVERNOMA

NORBERTO FIORINI¹, FERNANDO GARAGOLI¹, OSCAR PERALTA¹,
ANDRÉS GHEZZO¹, SEBASTIÁN MARCIANO²

¹Unidad de Enfermedad Vascular Periférica, ²Unidad de Hígado,
Hospital Italiano de Buenos Aires, Buenos Aires, Argentina

E-mail: norberto.fiorini@hospitalitaliano.org.ar

A 27-year-old woman was diagnosed with splenic artery aneurysms during imaging studies performed after a self-limited episode of gastroenteritis. Her medical history includes embolization of a congenital hepatic arteriovenous fistula at 6 months of age. The patient subsequently developed portal hypertension secondary to cavernous transformation of the portal vein, accompanied by esophageal varices. Computed tomography angiography (Fig. 1) with 3D reconstruction (Fig. 2) revealed two aneurysmal dilatations of the splenic artery: a lobulated dissected aneurysm at the artery's origin, measuring 36 mm × 38.6 mm; and a smaller distal aneurysm near the splenic hilum (17.7 mm × 21 mm), associated with marked splenomegaly (197.5 mm) and

an extensive collateral vascularization consistent with portal hypertension. Splenic artery aneurysms are the most common among visceral aneurysms. However, the presentation of multiple aneurysms in association with portal hypertension and extensive collateral circulation remains uncommon. A multimodality imaging approach provides high-resolution anatomical detail, critical for accurate diagnosis and therapeutic planning. Considering the patient's reproductive age, portal hypertension, aneurysmal diameter exceeding 20 mm, and the presence of dissection in one of the aneurysms –all recognized risk factors for rupture– a multidisciplinary team recommended endovascular treatment via coil embolization (Fig. 3).

Figure 1 |

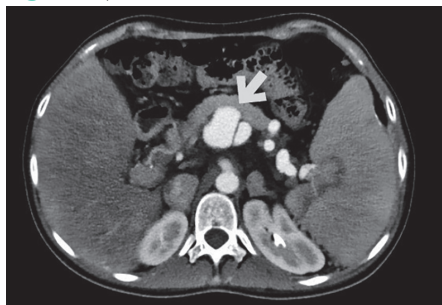


Figure 2 |



Figure 3 |

