EMERGENCY TREATMENT OF RUPTURED GIANT SPLENIC ARTERY ANEURYSM AFTER ENDOVASCULAR APPROACH.

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Disclosure

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I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest
SAAs are the third more frequent intra-abdominal aneurysm, following abdominal aorta and iliac artery aneurysm.

GSAAAs defined as aneurysms $\geq 5\ \text{cm}$

Although rare they can potentially be life-threatening, due to spontaneous intraperitoneal rupture.
Male 80 y

ANGIO-CT SCAN $\rightarrow$ GSAA 5 CM $\circlearrowleft$

NO ABDOMINAL PAIN

NEGATIVE CLINICAL HISTORY

PREVIOUS HISTORY FOR BILATERAL HIP REPLACEMENT AND COLECISTECTOMY
ENDOVASCULAR OPTIONS

STENT GRAFT

SANDWICH
INABILITY TO BE STABLE ENOUGH TO CARRY A STENT GRAFT OR A PLUG
COMPLEX AND TIME CONSUMING PROCEDURE
HIGH RADIATION DOSE
TARGET:
TO PROTECT THE ANEUSYM SAC
PLANNING A TWO STEP PROCEDURE
9 hours after the endovascular procedure

sudden abdominal pain

haemoglobin loss.

URGENT ANGIO-CT SCAN
RECONSTRUCTION BY AND TO AND ANASTOMOSIS
POSTOPERATIVE CONTROLE
1 WEEK LATER
1 MONTH LATER
6 MONTHS LATER
CONCLUSIONS

The size and regional anatomy of GSAA create obvious difficulties in surgical and endovascular management.

The presence of wide necks and tortuous splenic artery that renders isolation of the aneurysmal lumen from the circulation by a stent graft a difficult task.
Surgery remains the standard treatment of these lesions. Endovascular intervention is a viable alternative in high-risk patients.

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THANK YOU FOR YOUR ATTENTION
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