

Spontaneous rupture of gastroduodenal artery aneurysm

L. Sima¹, R. Tirziu¹, D. Iliescu¹, A. Blidisel¹, F. Hut¹, C. Streian²

¹Emergency General Surgery Department, Emergency Clinical City Hospital Timisoara, UMF "V. Babes" Timisoara, Romania

²Cardio-Vascular Surgery Department, UMF "V. Babes" Timisoara, Romania

Abstract

Gastroduodenal artery (GDA) aneurysm is a rare entity, comprising only 1.5% of all 3000 cases of visceral artery aneurysms that have been reported in literature. We report a case of a 55-year-old Caucasian man, diagnosed with right inguinal hernia. He was admitted to our department for surgical treatment. His medical history was remarkable for hypertension, and angina. He was operated the next day. A external oblique right inguinal hernia was diagnosed intra-operative. The Halsted technique was used for primary inguinal hernia. Immediate postoperative evolution was favorable, systolic blood pressure of 120 mmHg, pulse of 68 beats/minute. 16 h postoperative there was a sudden alteration of the general condition with signs of hemodynamic shock, with a systolic blood pressure of 60 mmHg, tachycardia of 110 beats/min. Physical examination revealed a pale, cold, and clammy patient. His hemoglobin had dropped from 14 g/dL on admission to 6 g/dL. A bedside ultrasound identified pelvic free fluid. An exploratory laparotomy revealed hemoperitoneum, and over 2 500 ml of blood and clot, a large hematoma was identified that was occupying the transvers colon mesentery and retroperitoneum. A clot was removed, revealing ruptured gastroduodenal artery aneurysm with active hemorrhage. The opening was isolated and closed. The contents were returned to the abdomen, which was irrigated and closed. Postoperative laboratory evaluation revealed hyperamylasemia (1543 IU/L, Normal Value (NV) = 15–95 IU/L). He remained normotensive throughout his 8-day hospitalization and was discharged home in good condition. In conclusion, gastroduodenal artery aneurysm rupture is a rare and patients can present with nonspecific symptoms. Rapid diagnosis, localization, and surgical or endovascular intervention are necessary to avoid devastating consequences.

Key words: aneurysm, rupture, spontaneous, gastroduodenal artery

Corresponding author: Dr. Sima Laurențiu, str. Gh Dima nr 5, Timișoara

E-mail: lica_sima@yahoo.com