Radiologic Findings and Endovascular Management of a Lower GI bleed in a Patient with a Celiacomesenteric Trunk

Puneet Rana MD, Shashi Singh MD

NYC HEALTH+ HOSPITALS | Jacobi

EINSTEIN
Albert Einstein College of Medicine

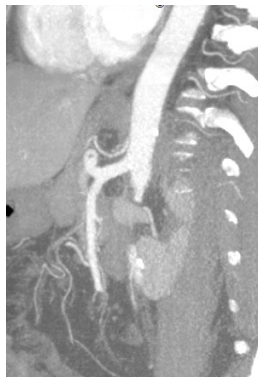
Background

- Celiacomesenteric trunk (CMT) is a rare variant of the ventral branches of the abdominal aorta in which the celiac trunk and superior mesenteric artery (SMA) arise from a common origin
- CMT is usually asymptomatic, but may be discovered incidentally during imaging or surgery
- Understanding these variants are important to surgeons and interventional radiologists to prevent vascular injury during procedures

Methods

Case Presentation:

- 62-year-old woman with PMH of diverticulosis s/p hemicolectomy in 2015 who presents with acute onset nausea, hematochezia, abdominal cramping
- Pt was hypotensive to 70s/50s
- Pt was anemic with a Hgb of 7.1
- Patient received 4 units of PRBCs



Results

- CT angiogram of the abdomen/pelvis demonstrated fluid filled bowel loops without evidence of active GI bleed
- IR aortogram demonstrated a common celiac and SMA trunk
- Selective angiogram of the CMT revealed active extravasation from a branch of the ileocolic artery
- Microcatheter was advanced into the actively bleeding segmental branch and two 2mmx5cm micro-coils were deployed
- Post embolization angiogram showed no evidence of active bleeding
- Post procedure patient remained hemodynamically stable and repeat labs demonstrated stabilization of hemoglobin

Discussion and Conclusion

- Precise knowledge of vascular variants is important for preprocedural planning
- Identifying these anatomical variants are important to avoid vascular complications and decrease mortality