Delayed Splenic Pseudoaneurysm Formation after Angioembolization

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Fig. 1. Computed tomography scan and angiographic images obtained upon admission: (A) Perisplenic contrast blush can be observed. (B) Embolization was performed using gelfoam.

A 48-year-old man experienced blunt abdominal trauma after falling from a height of 7 meters. His systolic blood pressure upon arrival was 120 mmHg, and heart rate was 95 beats per min. Abdominal computed tomography (CT) upon admission revealed contrast leakage from a splenic injury (grade 3) (Fig. 1A). Emergency angiography and embolization were performed using gelfoam (Fig. 1B). CT, repeated 7 days after his trauma revealed a pseudoaneurysm (Fig. 2A).

Angioembolization was performed to prevent bleeding from the pseudoaneurysm (Fig. 2B). CT performed a week later revealed no pseudoaneurysm. The patient recovered well and was discharged home. There is a lack of evidence regarding the optimal period/frequency of performing CT follow-up after angioembolization for splenic injuries [1,2]. Our present case indicates that close follow-up including CT is warranted in patients undergoing angioembolization to monitor for delayed pseudoaneurysm formation.

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Conflicts of Interest

No potential conflict of interest relevant to this article was reported.

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Fig. 2. Follow-up computed tomography scan and angiographic images obtained on the 7th day of hospitalization: (A) A pseudoaneurysm of the spleen can be identified. (B) Re-embolization of the pseudoaneurysm was performed.

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