Celiac Trunk Adventure!

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Disclosures

- Merit Medical – advisory board
- Terumo – consultant
- Embolx – stock holder
Case Report

- Male, 65 years old, living in Mozambique
- **Hypertension**
  
  South Africa  November 2016

- **Rectal cancer**
- Staging Abdominal CT: no secondary involvement, calcified hepatic artery close to the hepatic hilum with 5,6x5,8cm.

- Neoadjuvant QT and RT
- Surgery (Anterior Ressection of the Rectum)

January 2017

- Ileostomy reversal
Case Report

January 2017
Mozambique

- Malaise, fatigue, anorexia, weight loss + jaundice, choluria, hipocholia

- Abdominal US: 10x12cm aneurysm at the hepatic hilum with exuberant intrahepatic and extrahepatic bile duct dilation

February 2017
Tranferred to Red Cross Hospital in Lisbon

- Angio-CT: celiac trunk dissection and large aneurysm with 10x12 cm
Case Report
Case Report

Transferred to CHBPT, Hospital Curry Cabral

- Angiography and aneurysm stenting
Case Report

Arteriography

- Large **common hepatic artery aneurysm** measuring **14cm**
- Superior mesenteric arteriography confirms repermeabilisation of the proper hepatic artery through the pancreato-duodenal arcade.
- Aneurysm catheterization and **placement of a self-expandable stent-graft** (6x10mm) with **apparent exclusion of the aneurysm**
Case Report
Case Report

Arteriography

- Celiac trunk arteriography and Doppler confirm endoleak I
Case Report
Case Report

Arteriography

- Celiac trunk arteriography and Doppler confirm **endoleak I**
- **Stent-graft dilation**

Aneurysm rupture during the procedure with immediate hemodynamic instability
Case Report

- Embolization with cianoacrilate glue / lipiodol (16 mL 1/3)

Persistent hemodynamic instability
Case Report

Operating Room

- Massive hemoperitoneum (arterial blood)
- Clamping of the supra celiac and infra mesenteric aorta
- Complete aneurysm rupture. Removal of debris, blood clots, necrotic material and cianoacrilate glue
- Perianeurysmal hemostasis
- Stent graft: placed between the celiac trunk and the proper hepatic artery, pulsating with no apparent leak
### ICU

- Progressive metabolic acidosis
- **Increasing need of blood** components
- Abdominal drains: large volume of blood
- **Hemodynamic instability** (noradrenaline + terlipressine)
- **Poor response** to volemic and vasopressor resuscitation
- Hemorrhagic **dyscrasia**
- Death
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