

中文題目: 腹腔動脈幹剝離: 一病例報告

英文題目: Isolated celiac trunk dissection– A Case Report

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Background: Isolated splanchnic arteries dissection is a rare condition. Among these disorders, dissection of the celiac artery is especially rare. Most reported cases have occurred in men, and the cause and natural history of the condition are not well understood. In addition, it is debated whether surgical, endovascular treatment or medical treatment is more appropriate in regard to symptomatic spontaneous dissection. We reported a case of spontaneously isolated celiac trunk dissection who was treated conservatively with an uneventful recovery.

Case Report: A 49-year-old man, who had underlying disease with gastroesophageal reflux disease(GERD) and chronic hepatitis B, had been suffering from upper abdominal pain for about 1 week. He denied the similar episode before. Detailed history revealed that he also suffered from nausea and vomiting for 1 week. He was a nonsmoker but consumed alcohol sometimes. His family history was negative for cardiovascular disease.

On physical examination, he was noted to have epigastric local tenderness but no muscle guarding or peritoneal sign. His resting 12-lead ECG was normal. Blood test showed abnormal lipase level so he was admitted under the suspicion of acute pancreatitis. Esophago-gastro-duodenal scope was arranged after admission which showed GERD with L.A. class B. Proton pump inhibitor was also used. However, sudden onset of chest pain with dyspnea was noted on the 5th day of admission so he was referred to us. Abdominal CT was arranged and it revealed proximal celiac trunk dissection with intramural hematoma. We also collected blood test including CA199, CA125, CEA, AFP, PSA for excluding tumor-related reason. He was treated with only medical treatment of Labetalol pump for blood pressure control which was shifted to Amlodipine 5mg per day. Aspirin 100mg per day was also prescribed for thrombus prevention. The clinical symptoms were under well control and there was no more chest pain or progression of dissection after treatment as we followed up abdominal CT 6 months later.

Conclusions: Our case demonstrated that splanchnic artery dissection should be considered as a differential diagnosis in patient with chest pain or severe epigastric pain. Celiac trunk dissection could be successfully treated by medical therapy in uncomplicated cases.