

Title:

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Superior mesenteric vein aneurysm

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CASE REPORT

A 41-year-old female patient was under study for abdominal pain located in the

epigastrium and mesogastrium with no other associated symptoms. There was no

record of previous episodes of pancreatitis and she denied abdominal trauma and

laboratory tests were normal. A computed tomography (CT) scan was performed (Figs.

1 and 2) showing an aneurysm of the superior mesenteric vein, varicose veins in the

gastrohepatic ligament and a left splenorenal shunt. The study was completed with

upper gastrointestinal endoscopy with no pathological findings, and the measurement

of the portosystemic pressure gradient was 4 mmHg. The liver biopsy was reported as

F2 fibrosis and SAF score (2,2,2). Annual radiological follow-up was decided.

DISCUSSION

Superior mesenteric vein aneurysm is an extremely rare radiological finding, with just

over a dozen reported cases. It usually presents as mild abdominal pain in the right

upper quadrant, although it may also manifest as bleeding (1) or compression of the

extrahepatic bile duct (2). They can be congenital or acquired in origin. In the case of

congenital aneurysms, they are due to aberrant development of the vitelline veins



during the embryonic period. The cause of acquired aneurysms is unclear, but could be secondary to liver cirrhosis, portal hypertension, pancreatitis or abdominal trauma (3). Surgical treatment has been proposed as a therapeutic option, especially in patients with underlying liver pathology and portal hypertension (2). However, due to the high morbidity and mortality that may be associated with such procedures, close radiological follow-up may be a recommended option, especially in patients with no associated risk factors.

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Fig. 1. Coronal CT image in venous phase. In the most proximal part of the superior mesenteric vein, immediately caudal to its junction with the splenic vein, there is an aneurysm of 43 mm in greatest diameter (red arrow). There is also a large varicose vein in the lesser gastric curvature (yellow arrow).

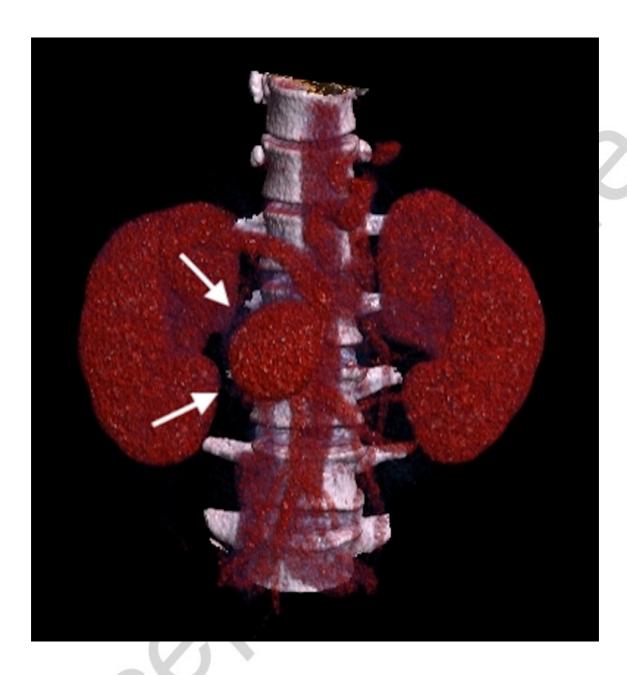


Fig. 2. Three-dimensional vascular reconstruction. The aneurysm (white arrows) and its relationship with the rest of the vascular structures can be seen.