

Title:
Superior mesenteric vein aneurysm

Authors:
José López-Fernández, Gabriel García Plaza, Sara María García Quesada, Juan Ramón Hernández Hernández

DOI: 10.17235/reed.2021.7932/2021

Link: [PubMed \(Epub ahead of print\)](#)

Please cite this article as:

López-Fernández José, García Plaza Gabriel, García Quesada Sara María, Hernández Hernández Juan Ramón.
Superior mesenteric vein aneurysm. Rev Esp Enferm Dig 2021. doi: 10.17235/reed.2021.7932/2021.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Superior mesenteric vein aneurysm

José López-Fernández¹, Gabriel García Plaza¹, Sara María García Quesada², Juan Ramón Hernández Hernández¹.

¹ General and Digestive Surgery Department. Insular University Hospital of Gran Canaria. Las Palmas de Gran Canaria. Spain.

² Radiodiagnosis Department. Insular University Hospital of Gran Canaria. Las Palmas de Gran Canaria. Spain.

Correspondence: José López-Fernández (jlopezfdez89@gmail.com)

CASE REPORT

A 41-year-old female patient 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. Laboratory tests were normal. A CT scan was performed (Figure 1 and 2) showing an aneurysm of the superior mesenteric vein, varicose veins in the gastrohepatic ligament and left splenorenal shunt. The study was completed with upper gastrointestinal endoscopy with no pathological findings, and measurement of the portosystemic pressure gradient was 4 mmHg. 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 cases reported. 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 those 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 without associated risk factors.

Keywords: Mesenteric vein aneurism, Computed Tomography.

REFERENCES

1. Wolosker N, Zerati AE, Nishinari K, et al. Aneurysm of superior mesenteric vein: Case report with 5-year follow-up and review of the literature. *Journal of Vascular Surgery*. 2004;39(2):459–61.
2. Fulcher A, Turner M. Aneurysms of the portal vein and superior mesenteric vein. Vol. 22, *Abdom Imaging*. 1997.
3. Starikov A, Bartolotta RJ. Massive superior mesenteric venous aneurysm with portal venous thrombosis. *Clinical Imaging*. 2015 Sep 1;39(5):908–10.

Figure 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).

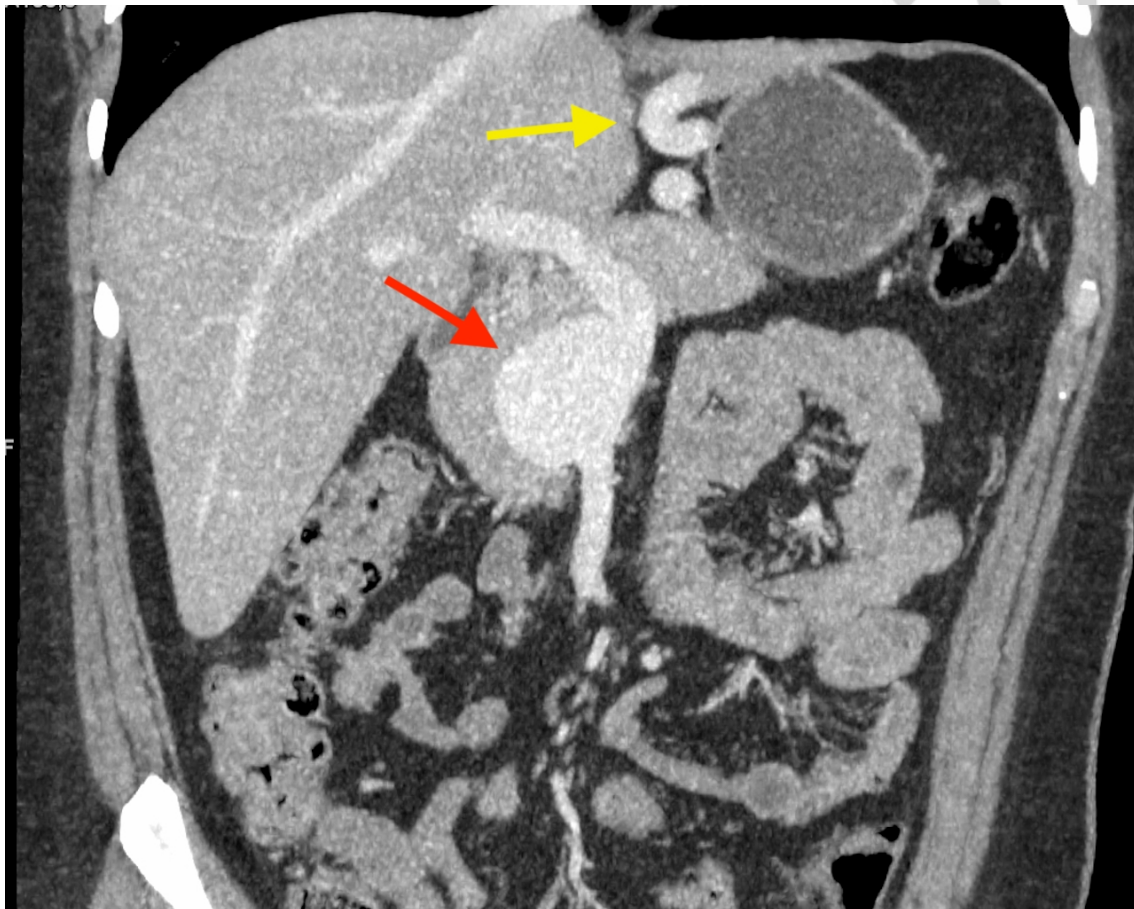


Figure 2. Three-dimensional vascular reconstruction. The aneurysm (white arrows) and its relationship with the rest of the vascular structures can be seen.

