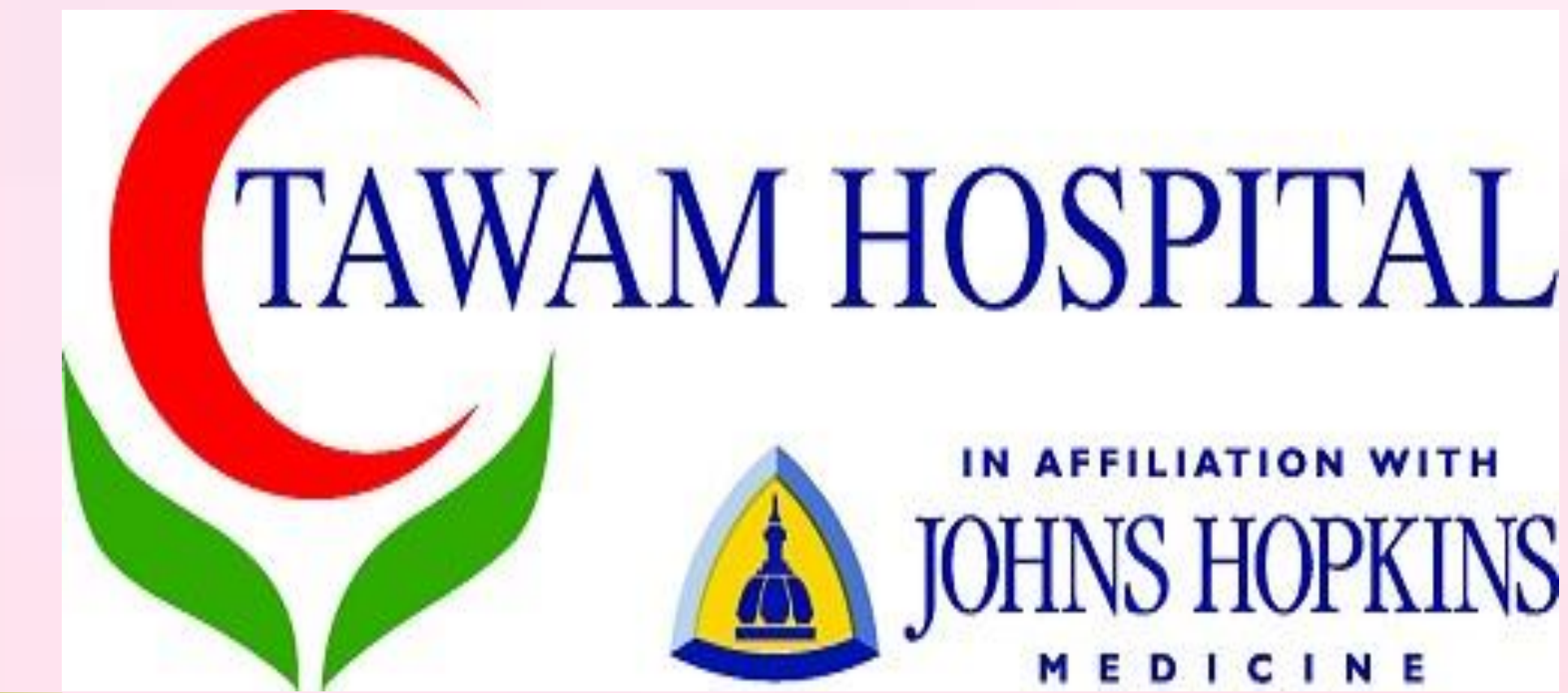


Rare Case of Ruptured Splenic Artery Aneurysm in Pregnancy with Successful Outcome

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INTRODUCTION

Splenic artery aneurysm is a rare clinical condition.

Its recognition is often incidental as most of patients are asymptomatic until the aneurysm ruptures, causing a life-threatening hemorrhage and a hypovolemic shock.

The clinical features of ruptured aneurysm mimic other obstetric and surgical emergencies, making it difficult to be diagnosed.

Maternal mortality rate is estimated to be 75% and fetal mortality rate of up to 95%.

PATIENT PRESENTATION

A 26-year-old woman, Gravida 3 Para 2, 32 weeks pregnant admitted with history of sudden attack of severe epigastric pain, hematemesis and fainting episode.

Patient looks confused.

Her vitals record: BP: 80/41 mmHg, Pulse: 120 bpm, Respiratory rate: 32 and Temperature of 37 degrees Celsius.

Abdomen was diffusely tender upon physical examination.

Cardiotocography showed persistent fetal bradycardia.

Immediate resuscitation started, blood investigations sent and 4 units of PRBCs was prepared.

Ultrasound pregnancy showed a single viable fetus with no evidence of retroplacental hematoma.

OPERATION THEATRE

Under general anesthesia, a Pfannenstiel incision was made. Abdominal wall opened in layers and about 2000 mL of hemoperitoneum was suctioned. Lower segment cesarean section was performed and a female infant was delivered with Apgar score of 0,0,0. Baby's cardiac activity was noted after resuscitation. The placenta was delivered with no retroplacental clot. The uterine incision was closed in 2 layers, hemostasis secured, and uterus was inspected. There was no tear or haematoma seen. The bleeding continued, packing with large swabs and constant pressure was applied.

An exploratory laparotomy was performed by general surgeons. Hematoma was seen in lesser sac and evacuated, no active bleeding seen afterwards. The abdomen was closed after placement of drain in lesser sac.

Intraoperatively, patient received packed red blood cells, fresh frozen plasma and crystallized fluids after an estimated four-liter of blood loss. She received Cefazolin preoperatively.

Postoperatively, CT angiography reported a 3.2 x 2.6 cm distal splenic artery ruptured aneurysm.

Catheterization of aneurysm with coil embolization was performed successfully.

Postoperative period was uneventful and patient was discharged home in stable condition.

DISCUSSION

The presentation of ruptured splenic artery aneurysm is rare. It represents less than 0.1% of pregnancies. In this case the clinical instability of the patient didn't allow for imaging to confirm the diagnosis and provision of endovascular coiling of aneurysm, thus the diagnosis was made at laparotomy.

CONCLUSION

Suspicion must be maintained for ruptured splenic artery aneurysm in any pregnant woman presenting with acute surgical abdomen. Prompt recognition and emergent laparotomy cesarean section with early intervention by a multidisciplinary team are imperative for maternal and fetal survival.

REFERENCES

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