

Patient Presentation of Acute Abdominal Pain Due to Celiac Artery Aneurysm

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Opinion

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ABSTRACT

Acute abdominal pain is a common yet diagnostically challenging clinical presentation in emergency medicine. This case report describes a rare presentation of celiac artery aneurysm (CAA) in a middle-aged male patient[1]. The patient presented with recurrent abdominal pain that was initially misdiagnosed, highlighting the importance of thorough clinical evaluation and imaging. This report emphasizes the significance of early detection and management of vascular causes of abdominal pain to prevent life-threatening complications.

Keywords

Clinical case report; Patient presentation; Abdominal pain; Celiac artery aneurysm; Diagnostic challenge; Emergency medicine

INTRODUCTION

A clinical case report provides a detailed account of an individual patient's symptoms, diagnosis, treatment, and follow-up, often highlighting rare or unusual conditions. Acute abdominal pain is one of the most frequent reasons for emergency department visits, yet it encompasses a wide differential diagnosis ranging from benign to life-threatening conditions[2,3].

Celiac artery aneurysm (CAA) is a rare vascular condition accounting for less than 4% of all visceral artery aneurysms. Due to its rarity and nonspecific symptoms, it is often overlooked during initial evaluation.

Case Presentation

Patient Information

A 52-year-old male presented to the emergency department with complaints of severe, intermittent upper abdominal pain for 24 hours. The pain was described

as sharp, radiating to the back, and associated with nausea.

Medical History

Hypertension (10 years)

Smoking history (20 pack-years)

No prior abdominal surgeries

Clinical Findings

On examination:

Blood pressure: 150/90 mmHg

Pulse: 98 bpm

Abdomen: Tenderness in epigastric region

No guarding or rigidity

Initial laboratory tests were within normal limits except for mild leukocytosis.

Diagnostic Assessment

The initial diagnosis considered gastritis and pancreatitis. However, serum amylase and lipase levels were normal. Due to persistent pain, a contrast-enhanced CT scan was performed, revealing a 2.5 cm celiac artery aneurysm[4].

This finding aligned with reports where patients presented with abdominal pain due to vascular anomalies .

Therapeutic Intervention

The patient underwent endovascular repair using coil embolization. The procedure was successful without complications.

Follow-Up and Outcomes

At 3-month follow-up:

No recurrence of symptoms

Imaging confirmed stable repair

Blood pressure well controlled

DISCUSSION

CAA is a rare but potentially fatal condition if rupture occurs. The patient's presentation mimicked common gastrointestinal disorders, leading to initial misdiagnosis. This reflects the diagnostic complexity often associated with abdominal pain cases[5].

Case reports play a critical role in identifying rare clinical presentations and improving diagnostic accuracy . Early imaging is crucial when symptoms persist despite normal laboratory findings.

CONCLUSION

This case highlights the importance of considering vascular causes in unexplained abdominal pain. Early diagnosis and timely intervention can significantly reduce morbidity and mortality.

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