Red-flag Fitting: A Case Of Spontaneous Ruptured Of Splenic Artery Aneurysm

Halimatus Sa'diah[1], Ong Sook Har[1]
[1]Hospital Tengku Ampuan Rahimah Klang, Selangor, Malaysia

INTRODUCTION

Splenic artery aneurysms are a rare entity with very low incident rate of 0.09% of population. They are often asymptomatic and frequently incidental finding during abdominal imaging or when catastrophic leaking occur. Here we report a case of spontaneous ruptured of splenic artery aneurysm presented with fitting.

CASE REPORT

30 years old Malay gentleman presented to us after 2 episodes of fitting while attending to his child funeral. His fitting episode was witness by his father and attending GP. On arrival, patient was alert but appeared pale, lethargic, tachypnic and his abdominal was tender and guarded. He was hypotensive with BP of 82/48 and PR was 138/min. Laboratory test showed that his hemoglobin was 6.7g/dl.

Ultrasound abdomen revealed free fluid over hepatorenal area. MTP was initiated and preceded with emergency exploratory laparotomy. 2 cycle of DIVC administered with ongoing inotropic support prior to patient transfer to operation theater. Intraoperatively, noted bleeding from rupture splenic artery likely secondary to ruptured splenic artery aneurysm. Splenectomy was done and specimen was sent for histopathological analysis. A total blood loss was estimated around **10L**.Histological analysis noted cystic lesion over splenic artery and confirmed the presence of arterial wall aneurysm.

Patient subsequently developed multiple post-op complication such as burst abdomen, enteroathmospheric fistula(EAF), pulmonary embolism, radial artery aneurysm and hepatic artery aneurysm. Further history noted that patient had > 10 episode of shoulder dislocation before. Medical/ Rheumato team was also consulted and autoimmune screening was conducted with impression of TRO Ehlers-Danlos Syndrome (EDS). Patient was discharge after 5 month of hospital stay and given follow up to the surgical team, hepatobiliary team, medical and rheumato team.

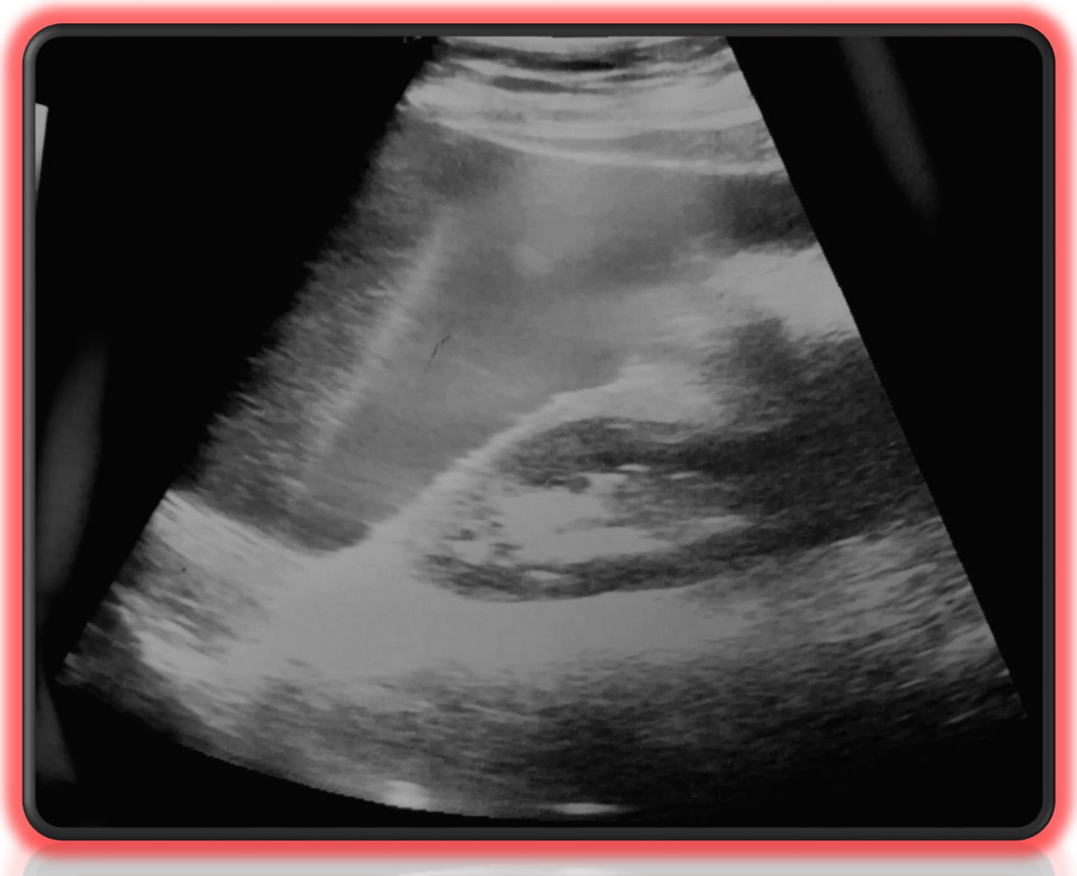
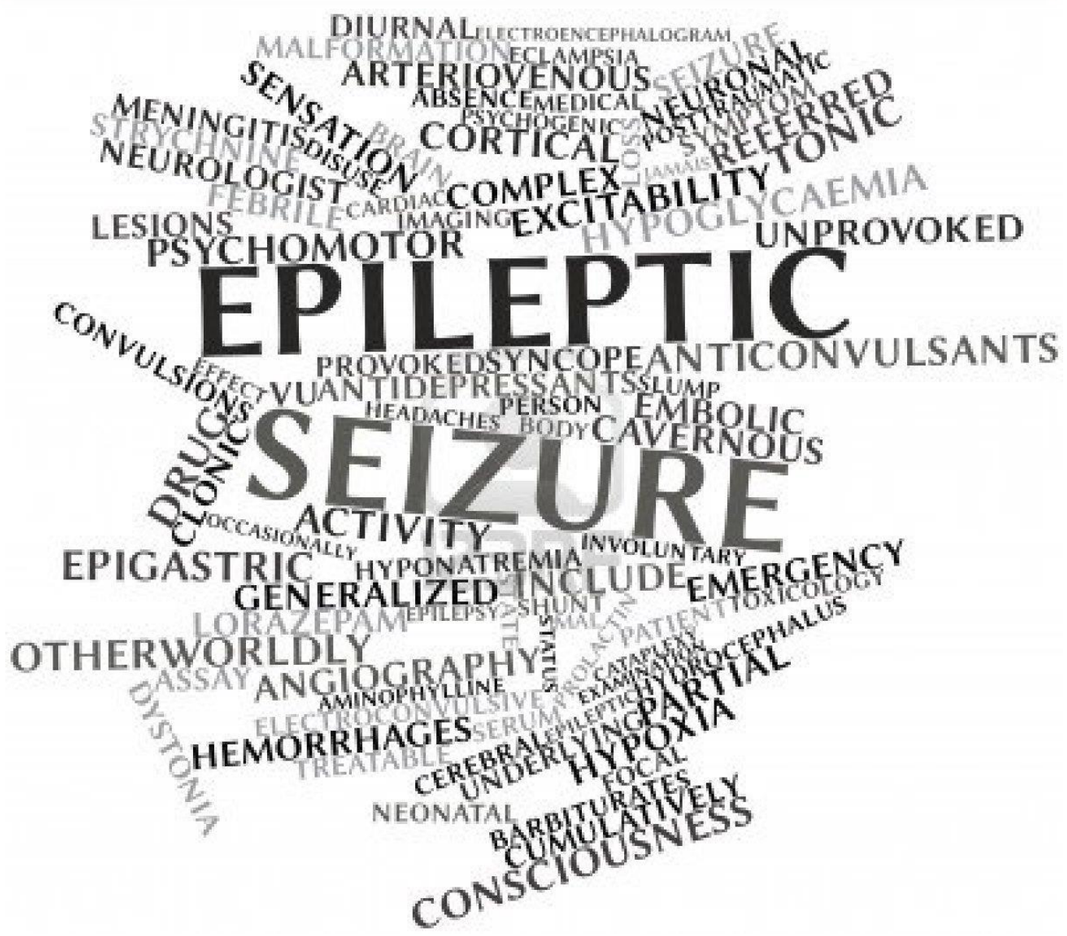


Figure 1 : bedside scan done at emergency department.

DISCUSSION

The diagnosis of spontaneous ruptured splenic artery aneurysm is very challenging and it carries a high morbidity and mortality rate. In this case, patient initially presented with fitting with initial tentative diagnosis of epilepsy which however later changed to diagnosis of acute abdomen with intraabdominal bleeding after thorough examination. Patients may have cardiovascular syncope with abnormal limb movements due to cerebral hypoxia, which it may sometimes be difficult to differentiate from epilepsy. Rapid diagnosis and aggressive volume replacement and prompt surgical intervention shows favorable outcome.



CONCLUSION

As many as 20–30% of patients with seizure may have been misdiagnosed as epileptics. Detail history taking and physical examination are paramount importance to establish a reliable diagnosis in patient with seizure. Consider a broad differential diagnosis should be employed especially for those with a first episode of seizure.

Refference :

- Hiroyuki U, Ichiro T, Akihiro W et al. Survey of convulsive diseases in the emergency room: pitfalls of clinical epilepsy practice. J Nippon Med Sch 2009;76:329–31.
- Zaidi A, Clough P, Cooper P et al. Misdiagnosis of epilepsy: many seizure-like attacks have a cardiovascular cause. J Am Coll Cardiol 2000;36:181
- Edwards BS, Stanson AW, Holley KE, Sheps SG. Isolated renal artery dissection, presentation, evaluation, management, and pathology. Mayo Clin Proc. 2003:187
- Dauchy EM, Modica M, Masri NJ. A rare cause of abdominal pain. J La State Med Soc. 2017;169(2):54–55.