The images show a giant pseudoaneurysm (8 cm x 7 cm x 7 cm) involving the superior mesenteric artery in a 52-year-old male patient without medical history, who consulted for repeated episodes of abdominal pain. Visceral arterial aneurysms are rare vascular entities, usually associated with trauma, infections, inflammatory diseases or surgical procedures; visceral pseudoaneurysms are still more uncommon, the splenic artery being the most commonly affected, with about 250 cases described in the literature. On the contrary, superior mesenteric artery cases are the less reported, representing 6% to 8% of all visceral pseudoaneurysms with an incidence of 0.01%. (1)

The absence of a clear associated cause should raise the possibility of a spontaneous pseudoaneurysm, of which –in the case of the superior mesenteric artery– there is only one previous report published in the literature, in 2017. (2)

The importance of the finding, beyond its rarity, lies in the need of urgent treatment due to the high risk of pseudoaneurysm rupture (> 50%), consisting of contained vascular ruptures to be solved regardless of their diameter, unlike true aneurysms that should be treated only if they are >2 cm in diameter or are symptomatic. Conventional surgical treatment is a good therapeutic option available for low-risk patients or patients in whom the endovascular approach failed or is not an option. Most endovascular procedures require covered stents in order to isolate the pseudoaneurysm or its embolization using coils. In this case, due to its enormous size, a combined approach was used, with implant of a covered stent and surgical removal of the hematoma. (3)

Conflicts of interest
None declared (See authors' conflicts of interest forms on the website/ Supplementary Material).

REFERENCES