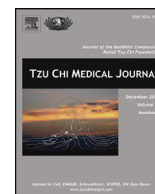


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## Tzu Chi Medical Journal

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## Images in Clinical Medicine

## Acute abdomen during pregnancy

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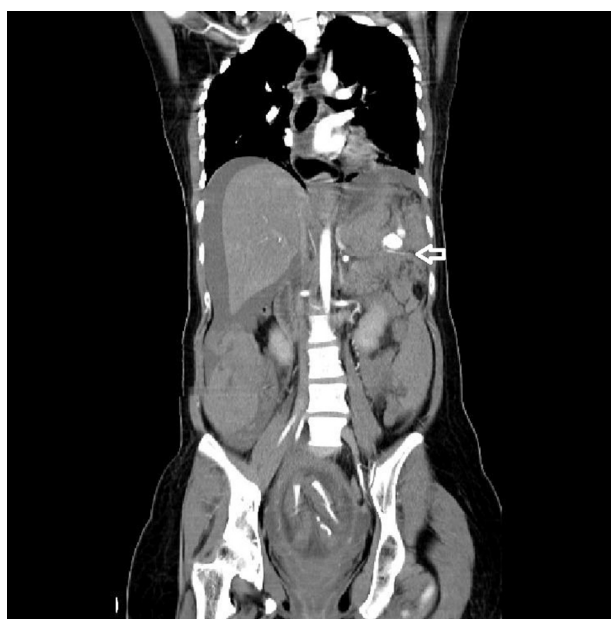
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A 32-year-old woman at 32 weeks' gestation presented to the emergency department with an out-of-hospital cardiac arrest after sudden abdominal pain followed by loss of consciousness at home. Bedside ultrasound revealed massive ascites and no fetal heart beat.

Computed tomography of the abdomen showed a ruptured aneurysm in the spleen with hemoperitoneum (Figs. 1 and 2), which was successfully managed by emergency transcatheter arterial embolization. The patient died 10 days later due to multiple organ failure.



**Fig. 1.** Computed tomography of the abdomen with contrast medium showed a 1.6 cm × 1.5 cm aneurysm at the distal splenic artery with contrast extravasation, favoring a diagnosis of ruptured splenic aneurysm with active bleeding and hemoperitoneum (bold arrow).



**Fig. 2.** Volume-rendered three-dimensional images on computed tomography clearly demonstrated a ruptured splenic aneurysm (arrow).

Conflict of interest: none.

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Splenic artery aneurysm (SAA) is the most common variant of splanchnic artery aneurysm, second in frequency to aortic and iliac artery aneurysms [1], with a prevalence rate of 0.04–0.1% at biopsy [2]. Ruptured SAA during pregnancy can be ominous to both the mother and fetus. The mortality rate for pregnant women is high (up to 75%) and the fetal mortality rate is even higher, approaching 95% if there is a delay in diagnosis [3].

Factors attributed to formation of SAA include diabetes, portal hypertension, multiparity, angiodysplasia, atherosclerosis, intracranial aneurysm,  $\alpha$ -1-antitrypsin deficiency, and infective factors [4]. Bedside ultrasonography is preferable in pregnancy because it is noninvasive, and there is no radiation exposure. SAAs larger than 2 cm in diameter carry a high risk of rupture in pregnant women [5] and

should be treated with either transcatheter embolization or open ligation/resection.

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