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A Stroke Patient With Asymptomatic Huge SMA Aneurysm For 20 Years - Case Report

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Introduction

Superior mesenteric artery (SMA) aneurysms are unusual and difficult to detect until definite complications arise such as rupture or abdominal pain which are associated with a high mortality. General approach to visceral artery aneurysms is an elective intervention early on rather than conservative management. We report a case of a stroke patient who has an incidentally detected huge SMA aneurysm.

Case presentation

A 85-year-old female with hypertension and dyslipidemia was admitted to the department of neurosurgery due to mental change and Lt. hemiparesis. Her brain magnetic resonance imaging showed an acute infarction on the Rt. thalamus and Rt. occipital lobe. She underwent conservative treatment for one month and transferred to the department of rehabilitation medicine for active rehabilitation. At that time, she had Lt. hemiparesis but her overall muscle power was good grade in all extremities. She couldn't describe her symptoms because she had cognitive impairment with 9 points on Mini-Mental State Examination. 33.4 aphasia quotients on the Korean version of Western revealed Wernicke's aphasia. Functional evaluation revealed impaired daily activity with 34 scores on Modified Barthel Index and gait disturbance with 8 scores on Berg Balance Scale. Her visual field was defected on her Lt. side and visual evoked potential test showed Rt. delayed latency. At the routine checkup of kidney, ureter and bladder x-ray, a large, calcified structure was found (Fig 1.). In the physical examination, she had mild Rt. upper quadrant tenderness. Suspecting large stone in gallbladder or Rt. kidney, abdomen CT was conducted. Abdomen CT depicted large aneurysm with peripheral calcification and partial internal thrombus of proximal SMA (Fig 2.). For further evaluation, Celiac arteriography and Superior mesenteric arteriography was performed and a large 6cm calcified aneurysm was seen (Fig 3.). The patient's husband said that he had heard about the patient's abdominal mass 20 years ago when the patient received an operation for gastric outlet stricture. In this case, operative intervention for the aneurysm was not conducted after consideration of risks of operation and the patient age. During gentle rehabilitation program, the patient went through strengthening training for her Lt.

hemiparesis and static, dynamic balance training. After 5 weeks rehabilitation program, motor power of extremities maintained good grade and the patient could walk using a low walker with moderate assistance. She showed no symptom and complication related to the aneurysm.

Conclusion

SMA aneurysm is rare and usually asymptomatic but it is related to high mortality when it ruptures. We report an incidental finding of a huge aneurysm which has been existed for 20 years. Physicians should pay closure attention to image findings and related symptoms especially in patients with cognitive dysfunction. Proper managements tailored to individual conditions should be conducted.

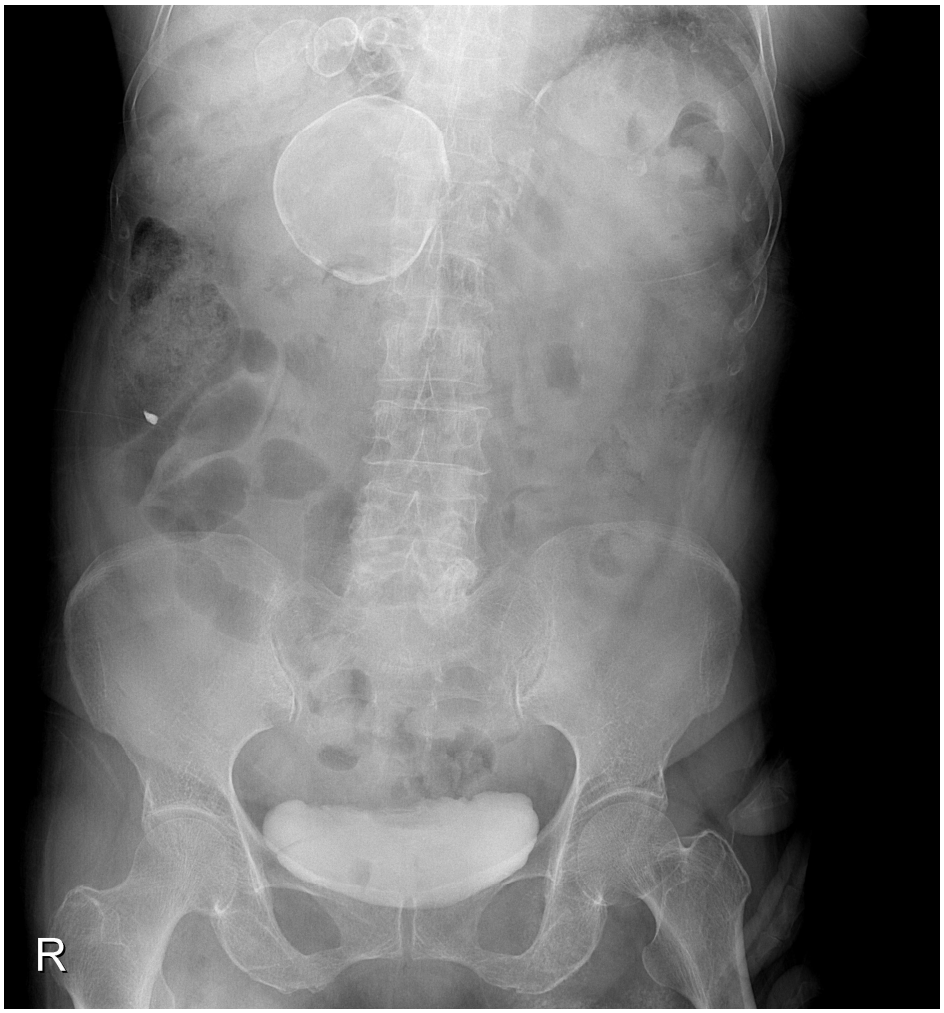

Fig 1. KUB

Fig 2. CT

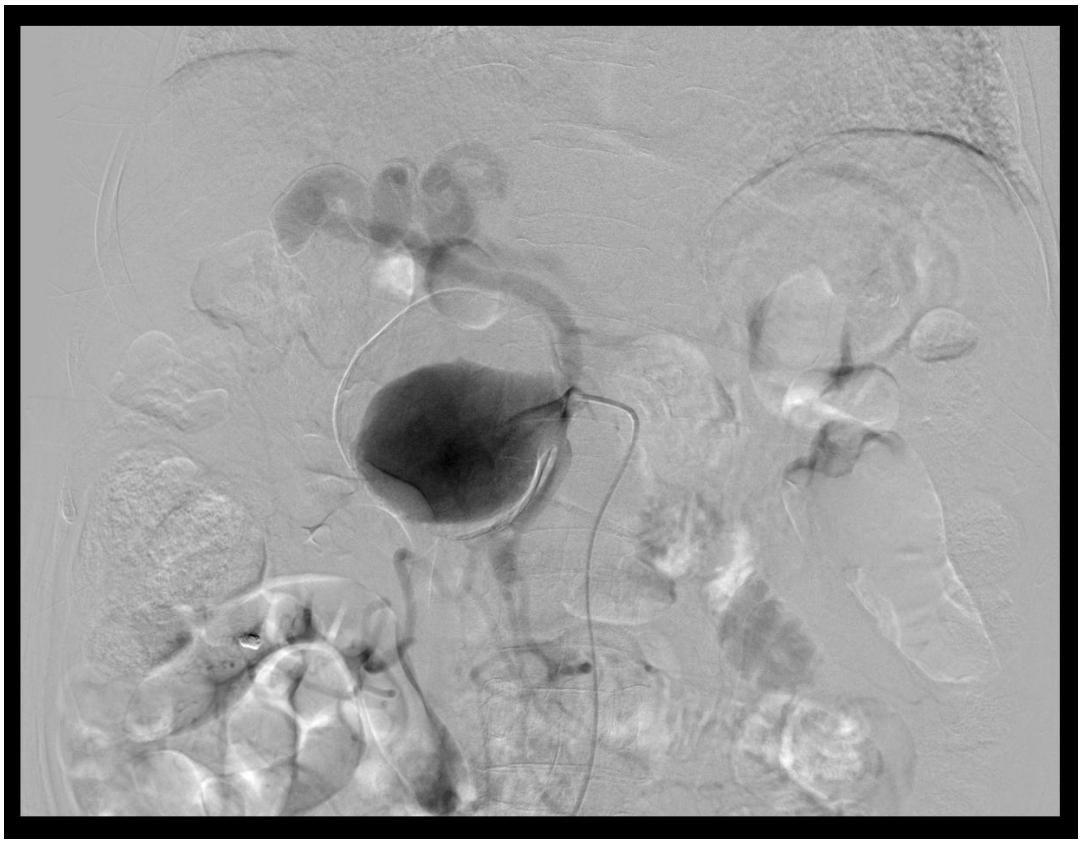
Fig 3. Superior Mesenteric arteriography