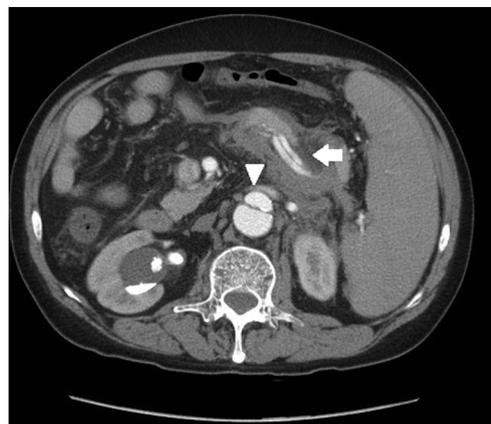




**Figure 1.** Transverse ultrasonography of the epigastrium, showing an intimal flap in the splenic artery (arrow), because of which splenic artery dissection was highly suspected. The abdominal aorta (asterisk) was identified below the splenic artery.



**Figure 2.** Contrast-enhanced CT confirming isolated splenic artery dissection (white arrow) and evacuated hematoma around the pancreas. Chronic aortic dissection was also noted (arrowhead).



**Figure 3.** An intimal flap in the splenic artery, sparing the celiac trunk (arrow), was found on maximum-intensity-projection reconstructed image of contrast-enhanced CT. In addition, previous abdominal aortic dissection with atherosclerosis (arrowhead) was noted.

[Ann Emerg Med. 2019;73:e19-e20.]

A 59-year-old man presented to the emergency department with sudden-onset, sharp, left upper quadrant abdominal pain radiating to the back, and diaphoresis. He had poorly controlled hypertension, with chronic type B abdominal aortic dissection beginning 1 year earlier and coexisting alcoholic liver cirrhosis.

On physical examination, the patient was conscious, with a pulse rate of 80 beats/min and blood pressure of 136/85 mm Hg, and he was afebrile. Tenderness was noted over the left upper quadrant on palpation. Point-of-care ultrasonography of the abdomen was performed (Figure 1 and Video) and the diagnosis was confirmed by contrast-enhanced computed tomography (CT) (Figure 2) and maximum intensity projection (a CT image reconstruction) (Figure 3).

*For the diagnosis and teaching points, see page e20.*

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## IMAGES IN EMERGENCY MEDICINE

*(continued from p. e19)***DIAGNOSIS:**

*Isolated splenic artery dissection.* After the patient was admitted to the vascular surgery department, abdominal pain improved, with labetalol to control blood pressure. He was asymptomatic at discharge 5 days later and on follow-up 1 month later.

Visceral artery disease should be considered an uncommon cause of left upper quadrant pain; splenic artery dissection is a rare but potentially deadly consequence.<sup>1</sup> Splenic artery dissection should be considered in a patient with previous visceral artery disease, trauma, pregnancy, or connective tissue disorders.<sup>2</sup> In patients presenting with sudden left upper quadrant pain, point-of-care ultrasonography of the abdomen is a good screening tool for vascular lesions. Treatment of splenic artery dissection depends on the symptoms, and surgery is indicated if symptoms progress.<sup>3,4</sup>

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