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Acute celiac artery occlusion secondary to blunt trauma: Two case reports

Hui Li, Yu Zhao, Yan-An Xu, Tao Li, Jun Yang, Ping Hu, Tao Ai

Abstract

BACKGROUND

Acute celiac artery (CA) injuries are extremely rare but potentially life-threatening and are more often caused by a penetrating injury rather than a blunt injury. The clinical manifestation of CA injuries is usually atypical, which easily causes missed diagnosis and misdiagnosis. Currently, there are only a few reports of acute traumatic occlusion of CA. The CA artery gives off branches to dominate the liver, stomach and spleen,

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Celiac Artery Avulsion Secondary to Blunt Trauma: A Case Report and Review of the Literature Zachary Osborne, b, Uretz J Oliphanta, John Aucar a, Michelle M Olsona Abstract A 70-year-old male presented with a celiac artery avulsion follow-ing a motor vehicle collision. He was hemodynamically stable and complained of severe abdominal pain.

Blunt traumatic celiac artery avulsion managed with celiac ...

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5887052>

Introduction. Traumatic celiac artery injuries are rare and highly lethal with reported mortality rates of 38–62%. While the vast majority are caused by penetrating trauma, an estimated 6% of these injuries resulted from blunt force trauma, and there have been only 11 reported cases in the literature (Table 1) Injury patterns vary and those reported include intimal ...

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Blunt injury of major visceral arteries such as celiac artery (CA) and superior mesenteric artery (SMA) are very rare but fatal, therefore, these injuries are challenging to trauma surgeons. The patient with occlusion of CA or SMA is theoretically viable by visceral collateral circulation. However, there are very rare cases in clinics. To date, there have been few reports of both CA and SMA occlusions after blunt trauma. ...

Author: Kyoung Hoon Lim, Jinyoung Park Publish Year: 2018

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Coeliac Axis Dissection Secondary to Blunt Abdominal Trauma: A Case report and review of the literature Article (PDF Available) in Injury Extra 45(3) · March 2014 ...

Hypertensive emergency presenting with an isolated celiac ...

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5021788>

1.1. Rationale. To our knowledge the most recent article on celiac dissection was published in 2015 and reported 24 known cases of spontaneous isolated celiac trunk dissection In our literature review we

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Aug 01, 2017 · **Blunt injury** to the major abdominal vessels occurs in approximately 5–10% of all abdominal **trauma** cases. 1 The **celiac artery** (CA) is the first anterior branch of the aorta in the abdomen, giving off the **splenic artery**, the common hepatic, and the left gastric artery. It is located just below the diaphragm at the level of the 12th thoracic vertebra usually measuring between 1.0 and 1.5 cm in ...

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Celiac artery avulsion is reported in 0.01-0.1% of patients sustain-ing abdominal vascular injuries. This is only the **second reported case of blunt celiac artery avulsion**. Keywords: Celiac artery injuries; Blunt trauma; Blunt abdominal trauma Introduction Celiac Artery (CA) injuries are very rare, and often are associated with a high mortality.

Blunt traumatic celiac artery avulsion managed with celiac ...

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Traumatic celiac artery injuries are rare and highly lethal with reported **mortality rates of 38–62%**. The vast majority are caused by penetrating trauma with only 11 reported cases due to blunt trauma (Graham et al., 1978; Asensio et al., 2000, 2002). Only 3 of these cases were complete celiac artery avulsions.

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Rationale: **Blunt injury** of major visceral arteries such as **celiac artery** (CA) and superior mesenteric artery (SMA) are very rare but fatal, therefore, these injuries are challenging to **trauma** surgeons. The patient with **occlusion** of CA or SMA is theoretically viable by visceral collateral circulation. However, there are very rare cases in clinics.

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Celiac artery

The coeliac artery, also known as the coeliac trunk, or truncus coeliacus, is the first major branch of the abdominal aorta. It is about 1.25 cm in length. Branching from the aorta at thoracic vertebra 12 in humans, it is one of three anterior/ midline branches of the abdominal aorta.

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