Diagnosis, Prognosis And Treatment of Isolated Celiac Artery Dissection

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Disclosure Statement of Financial Interest

Nothing to disclose pertinent to this presentation

Introduction

- Spontaneous, isolated celiac art dissection is a rare condition
- Natural history not well described
- Best treatment not well established

Methods

- 21 patients presented over 9 years with isolated celiac dissection, without trauma or aortic dissection
- All patients underwent CTA for diagnosis
- Patents were entered into database
- F/u annually with CTA/ultrasound and clinical exam
- Retrospective review of clinical course
- A Clinic visit/Phone follow up done in all within last year

Literature Search

- Medline Search 38 refs.
- Mostly isolated case reports
- <100 cases reported in last 15 years.

Patients

- 16 men, 5 women
- Average age 53 y. (range 39-76 )
- All patients had CTA confirmed diagnosis
- 6 controlled HTN
- One type IV Ehlers-Danlos
- One Marfanoid habitus
Anatomy

- All patients had dissection of the celiac artery without occlusion and without aortic dissection.
- There was no evidence of median arcuate ligament compression in any patient.
- One patient presented with a large (>5cm) asymptomatic celiac aneurysm.
- One patient had an associated SMA dissection.

Clinical Presentation

- 14 (66%) Incidental finding
- 7 (33%) Abdominal pain
  - Sudden in onset, epigastric, dull, lasting weeks to months
  - No postprandial pain
- No weight loss
- No symptoms or signs of ischemia
- None associated with hypertensive crisis

Treatment

- One pt. treated with surgery for large aneurysm
- All remaining patients treated with observation initially
  - Antiplatelet agents continued or prescribed in all
  - None started on oral anticoagulation
  - 3 referred to us on coumadin
    - 2 switched to ASA, one continued for Afib
  - 3 patients had persistent abdominal pain and underwent celiac artery stent placement with eventual improvement

Follow-up Results

- 43 month average follow up
- All patients became asymptomatic regardless of extent of dissection
  - No reports of recurrent pain, weight loss or change in eating habits
  - One pt died of unrelated causes with autopsy proven stable celiac dissection
- All dissections stable or improving on follow up imaging, no evidence of significant aneurysmal dilatation

Conclusions

- Spontaneous Celiac artery dissection appears to have a benign natural course.
- It is more often asymptomatic.
- When symptoms occur, they consist of pain without ischemic signs or symptoms.
- It does not appear to be related to hypertension.
- Symptoms do not correlate with extent of dissection.
Thank you!