Splanchnic artery aneurysms are an uncommon and potentially lethal clinical problem. Therefore an adequate frame of reference for the diagnosis and management of these unusual aneurysms is necessary for the practicing vascular surgeon. Aneurysms involving the hepatic, splenic, and celiac arteries are the most commonly reported splanchnic artery aneurysms and were reviewed previously in the May 1996 issue of ANNALS OF VASCULAR SURGERY. The purpose of this review is to document recent changes in the diagnosis and management of extremely rare aneurysms involving the pancreaticoduodenal, gastroduodenal, superior mesenteric, inferior mesenteric, and colic arteries.

We reviewed the English literature from the past 25 years (1970 to 1995) for reports of these aneurysms. Not unexpectedly, peripancreatic aneurysms involving the gastroduodenal and pancreaticoduodenal arcades were reported most frequently and were commonly associated with pancreatitis and abnormalities of the biliary tract. Interestingly, mycotic aneurysms involving the superior mesenteric artery have also been reported with increasing frequency in association with subacute bacterial endocarditis. Nonspecific abdominal pain was the most frequently reported symptom, and failure to consider the diagnosis probably contributed to the fact that in more than half of the reported cases the aneurysm had already ruptured by the time of diagnosis. Because of the high mortality rate associated with rupture, it is imperative that these lesions be considered in the differential diagnosis of unexplained abdominal pain. Current state of the art technology has demonstrated that operative therapy is clearly the treatment of choice for the majority of these lesions in all but the highest risk patients; however, percutaneous catheter-based therapies have been used successfully and will undoubtedly play an increasingly prominent role in the future. Finally, as was true of the more common splanchnic artery aneurysms, most of the cases reported in the literature were from small series or single case reports. Despite the obvious reporting biases in favor of unusual presentations and positive outcomes, these cases do provide an important frame of reference for the diagnosis and management of these unusual aneurysms.

Tables I to VII present summary data for pancreaticoduodenal artery aneurysms (56 cases) reported in the English literature from 1970 to 1995; Tables VIII to XIV present summary data for gastroduodenal artery aneurysms (36 cases); Tables XV to XXI present summary data for superior mesenteric artery aneurysms (52 cases); Tables XXII to XXVIII present summary data for inferior mesenteric artery aneurysms (8 cases); and Tables XXIX to XXXV present summary data for colic artery aneurysms (23 cases).
Table I. Pancreaticoduodenal artery aneurysms: Age

<table>
<thead>
<tr>
<th>Age (yr)</th>
<th>Mean</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>48</td>
<td>22-78</td>
</tr>
</tbody>
</table>

Table II. Pancreaticoduodenal artery aneurysms: General

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>38</td>
<td>68</td>
</tr>
<tr>
<td>Women</td>
<td>18</td>
<td>32</td>
</tr>
<tr>
<td>Ruptured</td>
<td>38</td>
<td>68</td>
</tr>
<tr>
<td>Mortality (overall)</td>
<td>17</td>
<td>30</td>
</tr>
<tr>
<td>Mortality (ruptured)†</td>
<td>10</td>
<td>26</td>
</tr>
</tbody>
</table>

*Percentage of total cases.  
†Percentage of ruptured cases.

Table III. Pancreaticoduodenal artery aneurysms: Clinical presentation

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td>40</td>
<td>71</td>
</tr>
<tr>
<td>Gastrointestinal hemorrhage</td>
<td>22</td>
<td>39</td>
</tr>
<tr>
<td>or hemobilia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jaundice</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Shock</td>
<td>5</td>
<td>9</td>
</tr>
</tbody>
</table>

*Percentage of total cases (some cases may have had more than one symptom).

Table IV. Pancreaticoduodenal artery aneurysms: Diagnostic techniques

<table>
<thead>
<tr>
<th>Technique</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriography</td>
<td>38</td>
<td>68</td>
</tr>
<tr>
<td>Laparotomy</td>
<td>22</td>
<td>39</td>
</tr>
<tr>
<td>CT scan</td>
<td>13</td>
<td>23</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>10</td>
<td>18</td>
</tr>
</tbody>
</table>

*Percentage of total cases (some cases may have had more than one diagnostic technique).

Table V. Pancreaticoduodenal artery aneurysms: Treatment modality

<table>
<thead>
<tr>
<th>Modality</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ligation</td>
<td>18</td>
<td>32</td>
</tr>
<tr>
<td>Aneurysmectomy</td>
<td>11</td>
<td>20</td>
</tr>
<tr>
<td>Embolization</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>Aneurysmorrhaphy</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Not stated</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>None</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Bypass/revascularization</td>
<td>4</td>
<td>7</td>
</tr>
</tbody>
</table>

*Percentage of total cases (some cases may have had more than one treatment modality).

Table VI. Pancreaticoduodenal artery aneurysms: Aneurysm characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>True</td>
<td>33</td>
<td>59</td>
</tr>
<tr>
<td>Not stated</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>False</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Myotic</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Inflammatory</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>FMD, CMN, etc.</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

CMN = cystic medial necrosis; FMD = fibromuscular dysplasia.  
*Percentage of total cases.

Table VII. Pancreaticoduodenal artery aneurysms: Associated conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not stated</td>
<td>18</td>
<td>32</td>
</tr>
<tr>
<td>Pancreatitis</td>
<td>16</td>
<td>29</td>
</tr>
<tr>
<td>Biliary disease</td>
<td>15</td>
<td>27</td>
</tr>
<tr>
<td>Asymptomatic</td>
<td>8</td>
<td>14</td>
</tr>
</tbody>
</table>

*Percentage of total cases (some cases may have had more than one condition).
Table VIII. Gastroduodenal artery aneurysms: Age

<table>
<thead>
<tr>
<th>Age (yr)</th>
<th>Mean</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>50</td>
<td>29-76</td>
</tr>
</tbody>
</table>

Table IX. Gastroduodenal artery aneurysms: General

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>29</td>
<td>81</td>
</tr>
<tr>
<td>Women</td>
<td>7</td>
<td>19</td>
</tr>
<tr>
<td>Ruptured</td>
<td>20</td>
<td>56</td>
</tr>
<tr>
<td>Mortality (overall)</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Mortality (ruptured)†</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Outcome not stated</td>
<td>3</td>
<td>8</td>
</tr>
</tbody>
</table>

*Percentage of total cases.
†Percentage of ruptured cases.

Table X. Gastroduodenal artery aneurysms: Clinical presentation

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td>23</td>
<td>64</td>
</tr>
<tr>
<td>Gastrointestinal hemorrhage</td>
<td>20</td>
<td>56</td>
</tr>
<tr>
<td>Jaundice</td>
<td>11</td>
<td>31</td>
</tr>
<tr>
<td>Mass</td>
<td>10</td>
<td>28</td>
</tr>
<tr>
<td>Nausea and/or vomiting</td>
<td>9</td>
<td>25</td>
</tr>
<tr>
<td>Shock</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Asymptomatic</td>
<td>2</td>
<td>5</td>
</tr>
</tbody>
</table>

*Percentage of total cases (some cases may have had more than one symptom).

Table XI. Gastroduodenal artery aneurysms: Diagnostic techniques

<table>
<thead>
<tr>
<th>Technique</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriography</td>
<td>29</td>
<td>81</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>8</td>
<td>22</td>
</tr>
<tr>
<td>Laparotomy</td>
<td>8</td>
<td>22</td>
</tr>
<tr>
<td>CT scan</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>MRI</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

*Percentage of total cases (some cases may have had more than one diagnostic technique).

Table XII. Gastroduodenal artery aneurysms: Treatment modality

<table>
<thead>
<tr>
<th>Modality</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ligation</td>
<td>26</td>
<td>72</td>
</tr>
<tr>
<td>Aneurysmectomy</td>
<td>8</td>
<td>22</td>
</tr>
<tr>
<td>Embolization</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Not stated</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Aneurysmorraphy</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Bypass/revascularization</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

*Percentage of total cases (some cases may have had more than one treatment modality).

Table XIII. Gastroduodenal artery aneurysms: Aneurysm characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not stated</td>
<td>21</td>
<td>58</td>
</tr>
<tr>
<td>True</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>False</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>Myotic</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Inflammatory</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>FMD, CMN, etc.</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

CMN = cystic medial necrosis; FMD = fibromuscular dysplasia.
*Percentage of total cases.

Table XIV. Gastroduodenal artery aneurysms: Common associated conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pancreatitis</td>
<td>17</td>
<td>47</td>
</tr>
<tr>
<td>Ethanol abuse</td>
<td>9</td>
<td>25</td>
</tr>
<tr>
<td>PUD</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>None</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Not stated</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

PUD = peptic ulcer disease.
*Percentage of total cases (some cases may have had more than one condition).
### Table XV. Superior mesenteric artery aneurysms: Age

<table>
<thead>
<tr>
<th>Age (yr)</th>
<th>Mean</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>52</td>
<td>13-87</td>
</tr>
</tbody>
</table>

### Table XVI. Superior mesenteric artery aneurysms: General

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>33</td>
<td>63</td>
</tr>
<tr>
<td>Women</td>
<td>19</td>
<td>37</td>
</tr>
<tr>
<td>Ruptured</td>
<td>20</td>
<td>38</td>
</tr>
<tr>
<td>Mortality (overall)</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Mortality (ruptured)</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Outcome not stated</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

*Percentage of total cases.

### Table XVII. Superior mesenteric artery aneurysms: Clinical presentation

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td>35</td>
<td>67</td>
</tr>
<tr>
<td>Mass</td>
<td>14</td>
<td>27</td>
</tr>
<tr>
<td>Fever</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Nausea, vomiting</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Gastrointestinal hemorrhage/hemobilia</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Jaundice</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Anemia</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Shock</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Asymptomatic</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

*Percentage of total cases (some cases may have had more than one symptom).

### Table XVIII. Superior mesenteric artery aneurysms: Diagnostic techniques

<table>
<thead>
<tr>
<th>Technique</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriography</td>
<td>39</td>
<td>75</td>
</tr>
<tr>
<td>Laparotomy</td>
<td>22</td>
<td>42</td>
</tr>
<tr>
<td>CT scan</td>
<td>16</td>
<td>31</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>16</td>
<td>31</td>
</tr>
<tr>
<td>Autopsy</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

*Percentage of total cases (some cases may have had more than one diagnostic technique).

### Table XIX. Superior mesenteric artery aneurysms: Treatment modality

<table>
<thead>
<tr>
<th>Modality</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ligation</td>
<td>18</td>
<td>35</td>
</tr>
<tr>
<td>Aneurysmectomy</td>
<td>18</td>
<td>35</td>
</tr>
<tr>
<td>Aneurysmorhaphy</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>Bypass/vasculization</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Not stated</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>None</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Embolization</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

*Percentage of total cases (some cases may have had more than one treatment modality).

### Table XX. Superior mesenteric artery aneurysms: Aneurysm characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myotic</td>
<td>16</td>
<td>31</td>
</tr>
<tr>
<td>True</td>
<td>13</td>
<td>25</td>
</tr>
<tr>
<td>False</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Inflammatory</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Not stated</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>FMD, CMN, etc.</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

CMN = cystic medial necrosis; FMD = fibromuscular dysplasia. *Percentage of total cases for which data are available.

### Table XXI. Superior mesenteric artery aneurysms: Common associated conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>12</td>
<td>23</td>
</tr>
<tr>
<td>Endocarditis</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Pancreatitis</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Not stated</td>
<td>8</td>
<td>15</td>
</tr>
<tr>
<td>Biliary disease</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>PUD</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>None</td>
<td>7</td>
<td>13</td>
</tr>
</tbody>
</table>

PUD = peptic ulcer disease. *Percentage of total cases (some cases may have had more than one associated condition).
Table XXII. Inferior mesenteric artery aneurysms: Age

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Mean</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (yr)</td>
<td>53</td>
<td>22-79</td>
</tr>
</tbody>
</table>

Table XXIII. Inferior mesenteric artery aneurysms: General

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>7</td>
<td>88</td>
</tr>
<tr>
<td>Women</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Ruptured</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mortality</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Percentage of total cases.

Table XXIV. Inferior mesenteric artery aneurysms: Clinical presentation

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td>Mass</td>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td>Exacerbation of PAOD</td>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>13</td>
</tr>
</tbody>
</table>

PAOD = peripheral arterial occlusive disease.

*Percentage of total cases (some cases may have had more than one symptom).

Table XXV. Inferior mesenteric artery aneurysms: Diagnostic techniques

<table>
<thead>
<tr>
<th>Technique</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arteriography</td>
<td>6</td>
<td>75</td>
</tr>
<tr>
<td>Laparotomy</td>
<td>3</td>
<td>38</td>
</tr>
<tr>
<td>CT scan</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Percentage of total cases (some cases may have had more than one diagnostic technique).

Table XXVI. Inferior mesenteric artery aneurysms: Treatment modality

<table>
<thead>
<tr>
<th>Modality</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aneurysmectomy</td>
<td>6</td>
<td>75</td>
</tr>
<tr>
<td>Bypass/revascularization</td>
<td>3</td>
<td>38</td>
</tr>
<tr>
<td>Ligation</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Aneurysmorrhaphy</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Embolization</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Percentage of total cases (some cases may have had more than one treatment modality).

Table XXVII. Inferior mesenteric artery aneurysms: Aneurysm characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>False</td>
<td>3</td>
<td>38</td>
</tr>
<tr>
<td>Not stated</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>Mycotic</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>True</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>FMD, CMN, etc.</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Inflammatory</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

CMN = cystic medial necrosis; FMD = fibromuscular dysplasia.

*Percentage of total cases.

Table XXVIII. Inferior mesenteric artery aneurysms: Common associated conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUD</td>
<td>7</td>
<td>88</td>
</tr>
<tr>
<td>Abdominal trauma</td>
<td>4</td>
<td>50</td>
</tr>
<tr>
<td>Cardiac disease/previous MI</td>
<td>3</td>
<td>38</td>
</tr>
<tr>
<td>AAA</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>Pancreatitis</td>
<td>2</td>
<td>25</td>
</tr>
</tbody>
</table>

AAA = abdominal aortic aneurysm; MI = myocardial infarction; PUD = peptic ulcer disease.

*Percentage of total cases.
Table XXIX. Colic artery aneurysms:

<table>
<thead>
<tr>
<th>Age</th>
<th>Mean</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>(yr)</td>
<td>55</td>
<td>19-70</td>
</tr>
</tbody>
</table>

Table XXX. Colic artery aneurysms: General

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>12</td>
<td>52</td>
</tr>
<tr>
<td>Women</td>
<td>11</td>
<td>48</td>
</tr>
<tr>
<td>Ruptured</td>
<td>16</td>
<td>70</td>
</tr>
<tr>
<td>Mortality (overall)</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Mortality (ruptured)†</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

*Percentage of total cases.  
†Percentage of ruptured cases.

Table XXXI. Colic artery aneurysms: Clinical presentation

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pain</td>
<td>20</td>
<td>87</td>
</tr>
<tr>
<td>Shock</td>
<td>12</td>
<td>52</td>
</tr>
<tr>
<td>Mass</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Nausea, vomiting</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Gastrointestinal hemorrhage or hemobilia</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Jaundice</td>
<td>3</td>
<td>13</td>
</tr>
</tbody>
</table>

*Percentage of total cases (some cases may have had more than one symptom).

Table XXXII. Colic artery aneurysms: Diagnostic techniques

<table>
<thead>
<tr>
<th>Technique</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laparotomy</td>
<td>14</td>
<td>61</td>
</tr>
<tr>
<td>Arteriography</td>
<td>9</td>
<td>39</td>
</tr>
<tr>
<td>CT scan</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Autopsy</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

*Percentage of total cases (some cases may have had more than one diagnostic technique).

Table XXXIII. Colic artery aneurysms: Treatment modality

<table>
<thead>
<tr>
<th>Modality</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aneurysmectomy</td>
<td>16</td>
<td>70</td>
</tr>
<tr>
<td>Ligation</td>
<td>8</td>
<td>35</td>
</tr>
<tr>
<td>Embolization</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Bypass/revascularization</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Aneurysmorrhaphy</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Percentage of total cases (some cases may have had more than one treatment modality).

Table XXXIV. Colic artery aneurysms: Aneurysm characteristics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not stated</td>
<td>9</td>
<td>39</td>
</tr>
<tr>
<td>Inflammatory</td>
<td>6</td>
<td>26</td>
</tr>
<tr>
<td>True</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Mycotic</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>FMD, CMN, etc.</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>False</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid colon</td>
<td>21</td>
<td>91</td>
</tr>
<tr>
<td>Left colon</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Right colon</td>
<td>1</td>
<td>47</td>
</tr>
</tbody>
</table>

CMN = cystic medial necrosis; FMD = fibromuscular dysplasia.  
*Percentage of total cases for which data are available.

Table XXXV. Colic artery aneurysms: Common associated conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>No.</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not stated</td>
<td>10</td>
<td>43</td>
</tr>
<tr>
<td>PUD</td>
<td>7</td>
<td>30</td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>None</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Endocarditis</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Pancreatitis</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>

*Percentage of total cases (some cases may have had more than one condition).
REFERENCES


44. Gaa J, Deininger HK. [A rare finding of an aneurysm of the inferior pancreaticoduodenal artery with occlusion of the
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Uncommon splanchnic artery aneurysms


