

Rupture of an uncommon mediastinal aneurysm resulting in spontaneous hematoma

A 61-year-old man with a 10-year history of bronchiectasis presented to our hospital with a sudden onset of chest pain, epigastric pain, and excessive sweat. Chest computed tomography (CT) showed a large mass having mixed density in the posterior mediastinum extending all the way up to the aortic arch level. Bilateral cystic bronchiectasis was found in the lower lobe. Contrast-enhanced CT revealed a massive mediastinal hematoma and an adjacent aneurysm originating from the left gastric artery (Fig. 1a, 1b). Shortly after admission, the patient's hemoglobin level rapidly dropped from 10.3 g/dL to 8.6 g/dL. Hemodynamic instability accompanying CT findings necessitated immediate angiography. Selective angiog-

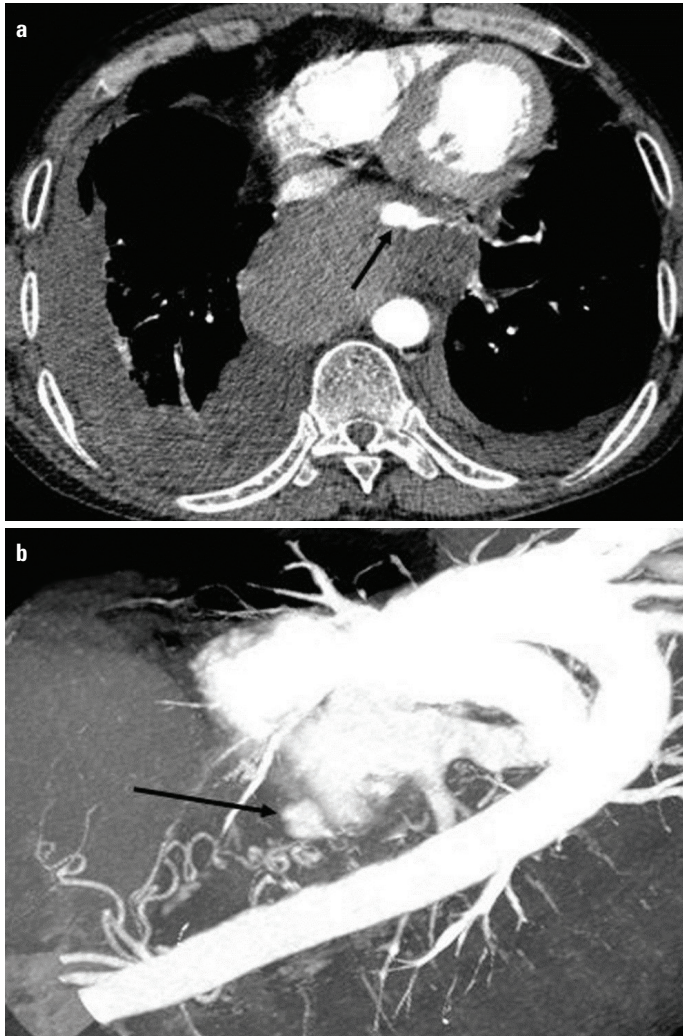


Figure 1. (a) Contrast-enhanced CT image demonstrating cystic arterial aneurysm within mediastinal hematoma, together with bilateral pleural effusion. (b) Oblique reconstruction image showing the branch of the left gastric artery feeding aneurysm

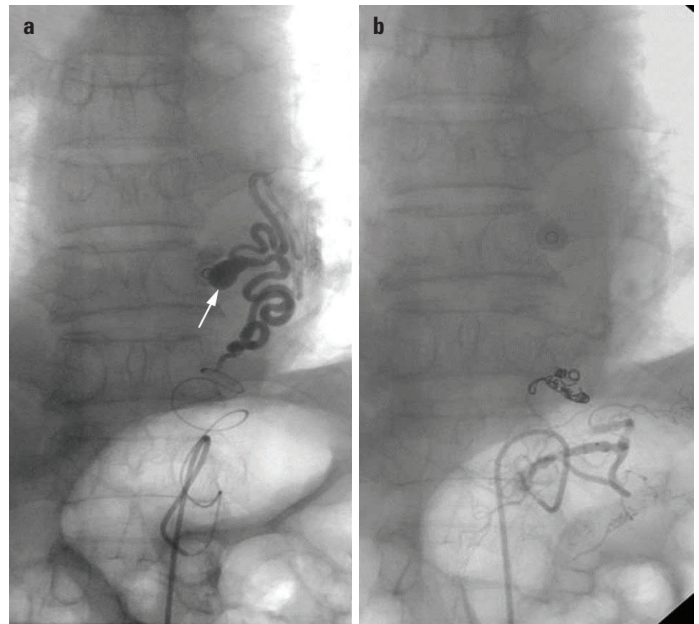


Figure 2. (a-b) Selective angiography of the left gastric artery revealing an aneurysm accompanying with contrast extravasation and aneurysm disappearance after transcatheter embolization

raphy of the left gastric artery revealed a distant aneurysm measuring 10 mm in diameter located in the posterior mediastinum (Fig. 2a). After endovascular embolization (Fig. 2b), the patient immediately recovered from hemodynamic instability and was discharged home 1 week later with an uncomplicated hospital course. Posterior mediastinal hematoma from a ruptured aneurysm of the left gastric artery is a rare and potentially lethal condition. Given the patient's history and imaging findings, it is likely that his mediastinal hematoma is a result of contained rupture of the left gastric artery aneurysm related to long-term bronchiectasis. It is known that chronic infectious lung diseases frequently result in well-developed collateral circulation of bronchial and non-bronchial systemic arteries. Among them, the left gastric artery branch is a more common donor of collaterals to the bronchial system. Contrast-enhanced CT is the most commonly used method to identify mediastinal hematoma and detect the source of bleeding. Transcatheter arterial embolization is a feasible and an effective treatment for controlling life-threatening bleeding from a left gastric artery aneurysm.

Informed consent: Informed consent was obtained from the patient.

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