A Case of the Week

Case 437

A fifty-one-year-old male presented in our hospital with pain at the epigastric abdomen. When he got breakfast as usual, he suddenly felt abdominal pain. Blood pressure 150/115, body temperature 35.5℃. Abdominal pain is too strong to write something at sitting, lying down at bed. Laboratory test revealed white blood cells 5440/mm3, neutrophils 48.9%, CRP 0.14mg/dL. Amylase 66U/L. He took enhanced CT using contrast medium (Fig.1-5).

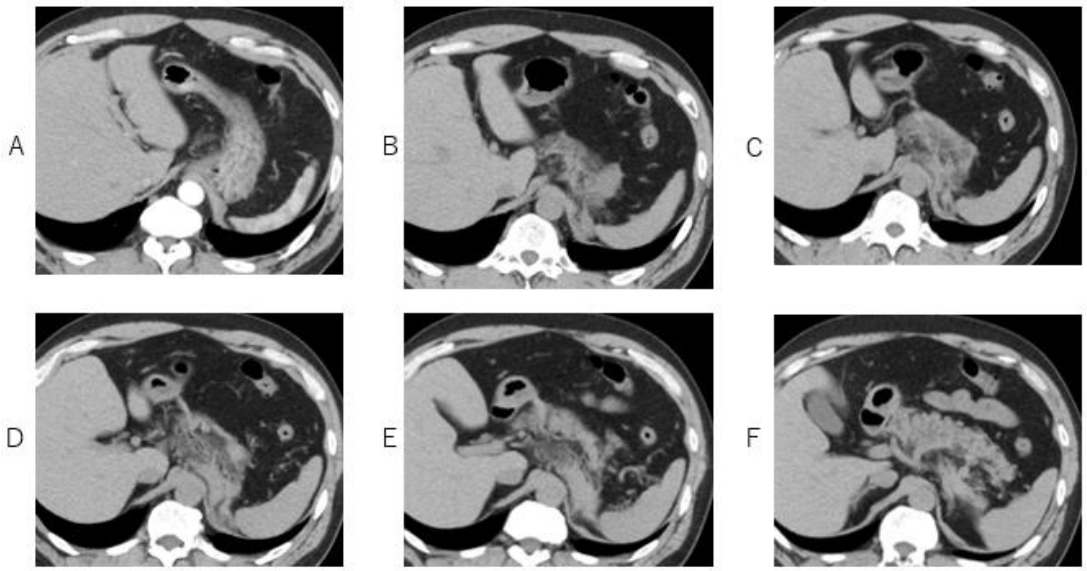

Fig.1 Infiltrative soft attenuation in the mesentery between stomach and diaphragma and between stomach and spleen is depicted on axial CT, suspicious of hemorrhage or inflammation.

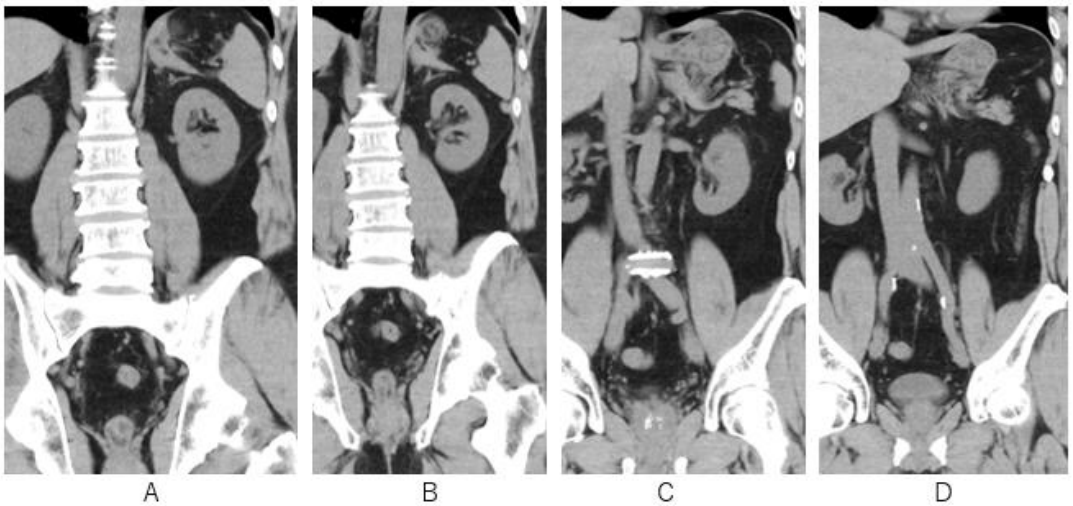

Fig.2 Infiltrative soft attenuation in the mesentery between stomach and diaphragma and between stomach and spleen is depicted on coronal CT, suspicious of hemorrhage or inflammation.

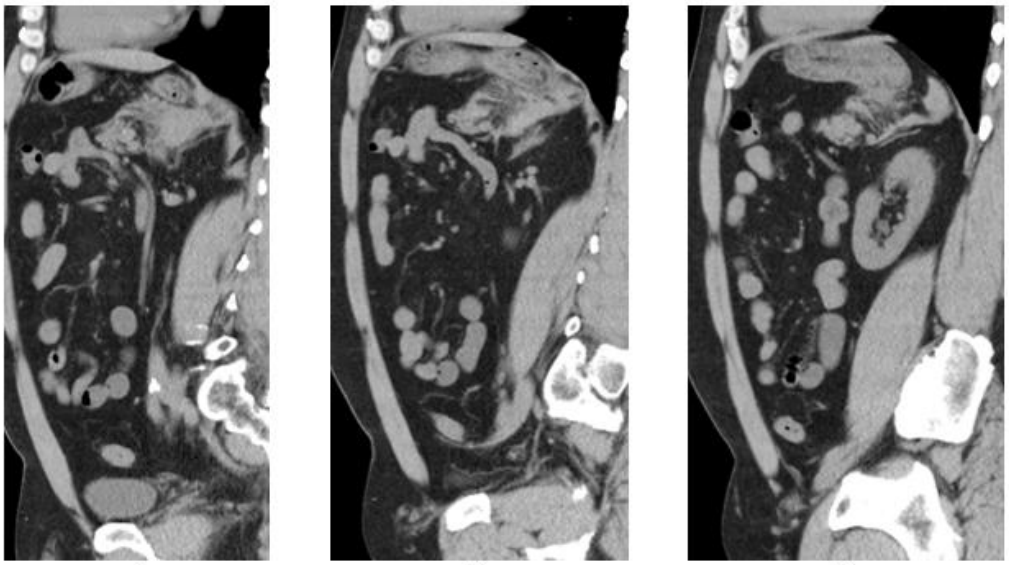

Fig.3 Infiltrative soft attenuation in the mesentery between stomach and diaphragma and between stomach and spleen is depicted on sagittal CT, suspicious of hemorrhage or inflammation.

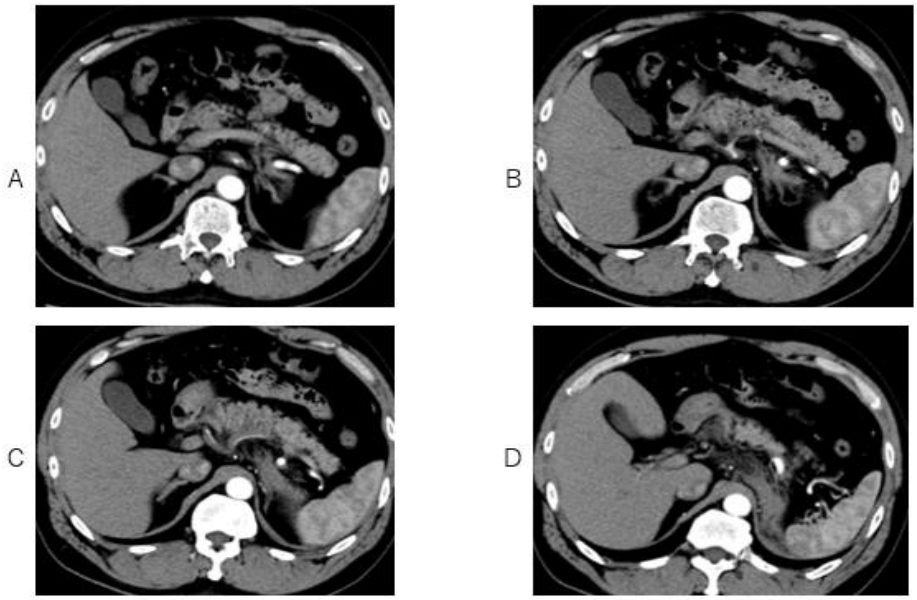

Fig. 4 Stenosis of the intravascular lumen of celiac axis, splenic artery, and common hepatic artery is visualized on axial contrast-enhanced CT (A-E).

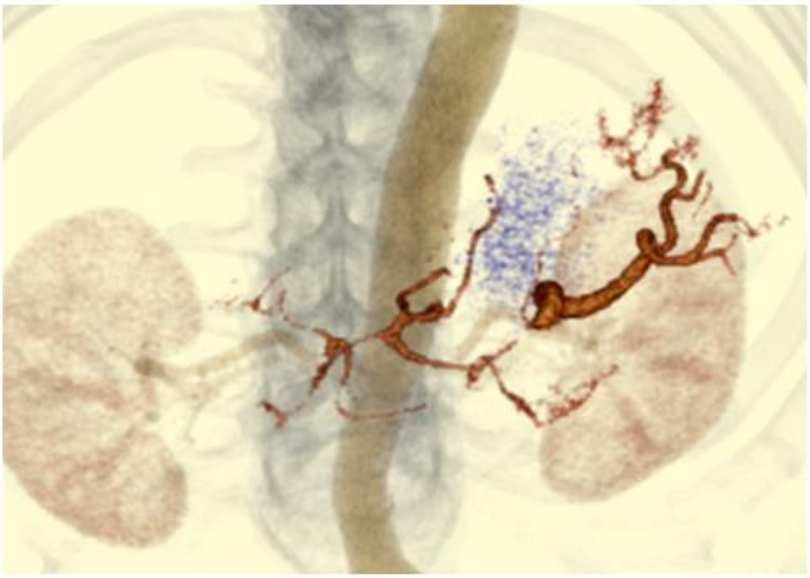

Fig.5 Volume-rendered vascular images demonstrate stenosis of celiac axis, common hepatic artery and splenic artery.

What is imaging diagnosis?

1. **Acute pancreatitis**
2. **Gastric ulcer with perforation**
3. **Duodenal ulcer with perforation**
4. **Celiac artery dissection**

answer

2026.6.19