

Clinical Image

Celiacomesenteric Trunk, Vascular Variant to Consider

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Clinical Image

We present an abdominal vascular variant detected by POCUS (point-of-care ultrasound) in a 7-year-old girl who consulted for recurrent abdominal pain. Usually the Celiac Trunk (CT) and Superior Mesenteric Artery (SMA) arise from the abdominal aorta independently (Figure 1a). In the ultrasound image found, there is a common celiacomesenteric trunk (TCM), where TC and SMA are born together from the aorta (Figures 1b and 2). This finding constitutes a variant of normality, with an incidence of 0.4% to 2.7% [1-3], being in most cases asymptomatic, but which can cause potentially serious pathology [4,5].

The vascularization of a wide territory of the digestive tract dependent on a single trunk can cause, in presence of a perfusion deficit, massive mesenteric ischemia. In turn, the greater pressure supported by the common trunk increases the risk of arterial aneurysms, and predisposes to the compression of the MCT by the arcuate ligament of the diaphragm, generating abdominal pain after ingestion (Dunbar syndrome). In addition, associated with TCM, the phenomenon of the "nutcracker", dilatation of the left renal vein, has been described, analogously to that caused by the aortomesenteric clamp, which should be suspected when hematuria appears.

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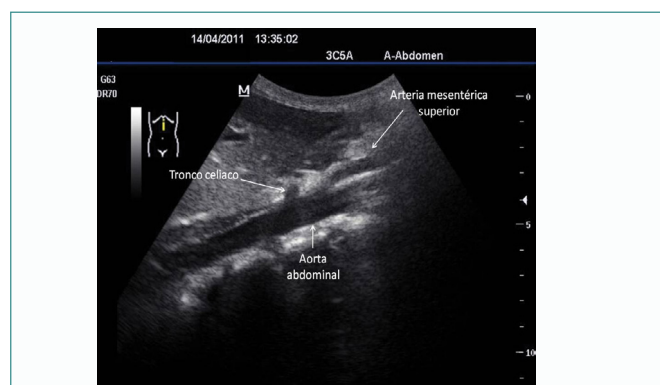


Figure 1a: Usual morphology of the celiac trunk and superior mesenteric artery when they exit from the abdominal aorta.

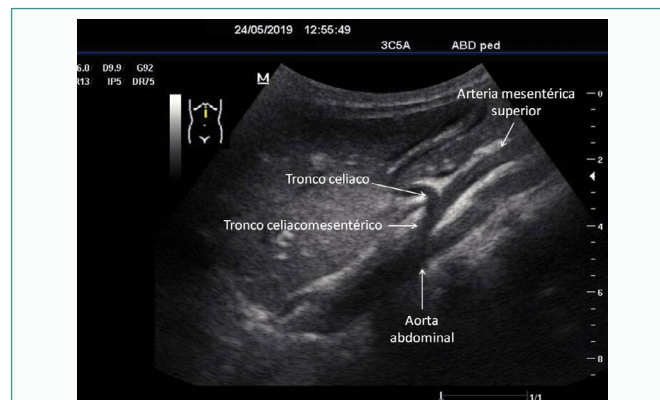


Figure 1b: Exit of the common celiacomesenteric trunk of the aorta artery.



Figure 2: Transverse section of the abdomen: division of the celiac trunk from the superior mesenteric artery.