

40yr lady presented with progressive dyspnea and fatigue. She was evaluated and found to be severely anemic and further assessment revealed hypersplenism as the underlying cause. No other comorbidities. Clinical examination showed splenomegaly. ECG and echo normal.

As a preoperative evaluation for splenectomy, CECT was done which showed splenomegaly (size 19cm) with normal attenuation. The splenic artery was grossly dilated and tortuous with multiple fusiform dilatations and wall calcification without evidence of intraluminal thrombus. Abdomen was otherwise unremarkable. She was referred to Cardiology for management of the splenic artery aneurysms as a part of her pre-surgical preparation.

She was taken up for device embolisation of the splenic artery with a Cera Vascular plug. Via a right femoral arterial approach, a 14 mm Cera Vascular Plug deployed in the proximal splenic artery with almost immediate near total thrombosis of the entire vessel. The entire procedure was uneventful and thereafter patient was given blood transfusion to maintain her haemoglobin level for the planned surgery.

Patient was also administered appropriate vaccination prior to the procedure.

Post procedure a CECT was repeated which showed occluded splenic artery with areas of infarction in the spleen. She subsequently underwent splenectomy and has been doing well over the last month.

Of note, this procedure is probably the first with a Cera Vascular Plug being used.