**TOMOGRAPHIC DESCRIPTION OF SPONTANEOUS DISSECTION OF LEFT GASTRIC ARTERY: A CASE REPORT**

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**INTRODUCTION:** Spontaneous dissection of a splanchnic artery is a rare event. Several possible causes have been proposed, such as fibromuscular dysplasia, congenital connective tissue disorders, cystic medial necrosis, trauma, and hypertension, but no strong association has been established yet1-2. Dissection of the superior mesenteric artery has been the most often described; however, its incidence is estimated in approximately 0.06%. According to our web-based literature search, only one case of isolated left gastric artery dissection without aneurysm formation has been reported3. CT angiography is the modality of choice for diagnosing cases with clinical suspicion of vascular pain. **OBJECTIVE:** The present study has the objective of describe the main CT and clinical findings of a mesentery artery dissection. **MATERIALS AND METHODS:** We’ve related a case of an 44-year-old male patient that was admitted to the emergency department with severe epigastric pain for approximately 12 hours. He denied any history of trauma or fall. Physical examination revealed a flaccid abdomen, with the presence of pain on deep palpation of the epigastrium and no signs of peritoneal irritation. The patient underwent laboratory tests, including complete blood count, amylase, and transaminases, and no relevant changes were found. An upper digestive endoscopy showed signs of mild non-erosive distal esophagitis and moderate erosive antral gastritis, as well as some hyperplastic sessile polyps in the gastric body. The patient underwent an abdominal computed tomography (CT) angiography which high attenuation of the tissue before contrast administration (Figure A). Contrast-enhance axial CT showing diffuse irregular thickening of the left gastric artery (figure B). A multiplanar reconstruction (MRP) demonstrated eccentric thickening suggesting false lumen thrombosis (figure C). 3D reconstruction revealed diffuse irregular thickening of the left gastric artery (figure D). These findings are consistent with the diagnosis of spontaneous dissection of the left gastric artery. A multidisciplinary group indicated conservative treatment using anticoagulant/antiplatelet therapy and analgesics with hospital discharge and outpatient follow-up. **CONCLUSION:** CT findings has enough sensibility and specificity to diagnose the rare event of a mesenteric artery dissection.

**Keyword:** gastric artery, dissection, computer tomography.