


Images in clinical medicine



Common hepatic artery arises from superior mesenteric artery: bipode celiac trunk

 Danilo Coco, Silvana Leanza

Corresponding author: Danilo Coco, Department of General Surgery, Ospedali Riuniti Marche Nord, Pesaro, Italy. webcostruction@msn.com

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Common hepatic artery arises from superior mesenteric artery: bipode celiac trunk

Danilo Coco^{1,&}, Silvana Leanza²

¹Department of General Surgery, Ospedali Riuniti Marche Nord, Pesaro, Italy, ²Department of General Surgery, Carlo Urbani Hospital, Jesi, Ancona, Italy

&Corresponding author

Danilo Coco, Department of General Surgery, Ospedali Riuniti Marche Nord, Pesaro, Italy

Image in medicine

Classic Common Hepatic Artery (CHA) from the celiac artery and the proper hepatic artery into right and left is seen in 55-60% of the population. A classification method was described by Michel *et al.* in 1955: I: standard anatomy ~60% (range 55-61%), II: replaced Left Hepatic Artery (LHA) ~7.5% (range 3-10%) III: replaced Right Hepatic Artery (RHA) ~10% (range 8-11 %) IV: replaced RHA and LHA ~1%,V: accessory LHA from Left Gastric Artery(LGA) ~10% (range 8-11%),VI: accessory RHA from Superior Mesenteric Artery (SMA) ~5% (range 1.5-7%),VII: accessory RHA and LHA ~1%,VIII: accessory RHA and LHA and replaced LHA or RHA ~2.5%, IX: CHA replaced to SMA ~3% (range 2-4.5%), X: CHA

replaced to LGA ~0.5%. We present a case report of an 82-year-old Caucasian man who suffered from left colic tumor with a CHA, LHA, RHA arising from SMA: IX Michel Classification. Angio-CT Abdominal

Scan demonstrated absence of complete celiac trunk. Bipode and CHA, LHA, RHA arising from SMA. 3D image: SMA+CHA, celiac bipode.

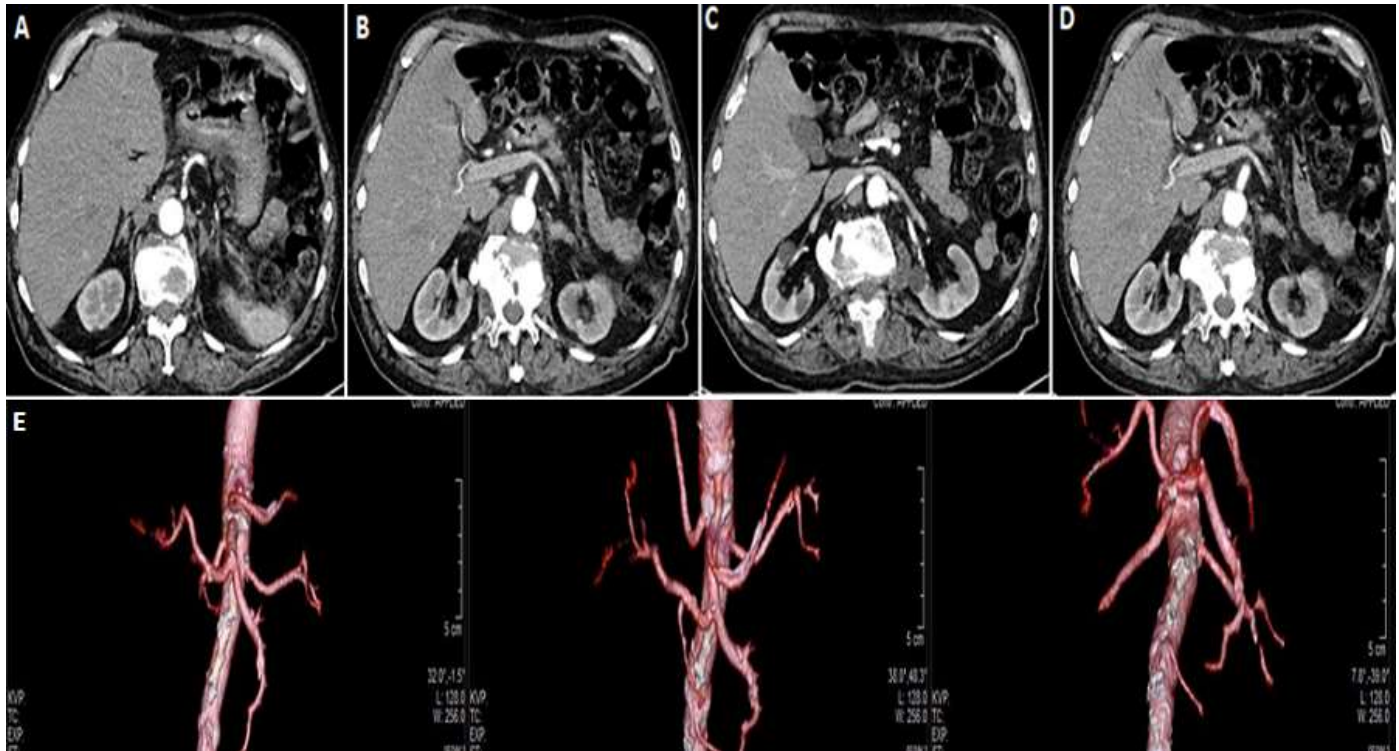


Figure 1: A) angio-CT abdominal Scan demonstrated absence of complete celiac trunk bipode; B) common hepatic artery (CHA); C) left hepatic artery (LHA); D) right hepatic artery (RHA) arising from superior mesenteric artery (SMA); E) 3D image: superior mesenteric artery (SMA) + common hepatic artery (CHA), celiac bipode