1 Introduction
Left gastric artery aneurysm is a rare condition and it encompasses 4% of visceral aneurysms, while splenic aneurysms encompass 60%.

2 Material; Methods
56 years old male patient, with a left gastric artery aneurysm diagnosed with angiotomography after being hospitalized to treat pericarditis of unknown etiology. He had also been operated on cholecystectomy and appendectomy. He is allergic to dipyrone, ketoprofen and AAS. In previous images the aneurysm appearance suggested it was a splenic aneurysm, but further images revealed it was a left gastric aneurysm. Treatment of choice was embolization with coils. During the procedure a guidewire was introduced in the splenic artery and another one inside the aneurysm sac. Microcatheter was inserted and the first coil was deployed. A control angiogram showed that coil migration had occurred to the common hepatic artery due to a large aneurysm neck. Therefore, we inserted as fast as possible a snare and performed a successful coil rescue. Embolization was completed with larger coils (Penumbra) without further complications. All the distal branches remained opened. Guidewires 0.035", 0.014", catheter cobra 1, RDC 7Fr -45 cm, microcatheter, coils 20 mm x 60 cm, 12 mm x 40 cm, 6 mm x 30 cm, snare 6 Fr.

3 Results
Complete aneurysm exclusion was achieved with left gastric artery perfusion intact. Flow steal was no longer observed. Patient was discharged in 48 hours taking clopidogrel 75 mg and rosuvastatin 20 mg daily. Three months later angio CT showed total occlusion of the aneurysm with all arteries intact.

4 Conclusions
Visceral aneurysms must be treated because of rupture risk. Coil diameter can’t be smaller than aneurysm neck and has to be long enough to occlude aneurysm sac. Also, it is important that the coil be easy to ship and has a controlled deployment. During aneurysm embolization it is mandatory to have a snare in the operating room, because coil migration can occur, and if so, it has to be early recognized and treated in order to have a good outcome.