

A 44 Year Old Male Patient with a Contained Rupture of the Abdominal Aortic Aneurysm

Sınırlanmış Abdominal Aort Anevrizma Rüptürü Olan 44 Yaşında Erkek Hasta

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A 44-year-old man presented to the emergency department with intermittent sharp abdominal pain, fatigue and dizziness that had progressively worsened over the past 3 month-period. He denied having fever, chills, nausea, vomiting, diarrhea, or constipation. The pain started after an elbow blow in a football match. He had well-controlled hypertension for 2 years. At presentation, he was afebrile, with a blood pressure of 100/65 mmHg, and had an oxygen saturation of 94% on room air. He had tachycardia (110 beats/minute). His chest sounds were normal and there was no abdominal tenderness. The laboratory data was significant for decreased hemoglobin (7.6 mg/dL) and hematocrit values (22%). Electrocardiography was normal except for the presence of mild tachycardia. Left ventricular hypertrophy was evident in transthoracic echocardiography. A contrast enhanced multi-slice computed tomography (CT) scan revealed a contained rupture of an abdominal aortic aneurysm (AAA), measuring 7.2 cm at its greatest diameter (Figure 1). The patient underwent successful surgical repair and was discharged uneventfully.

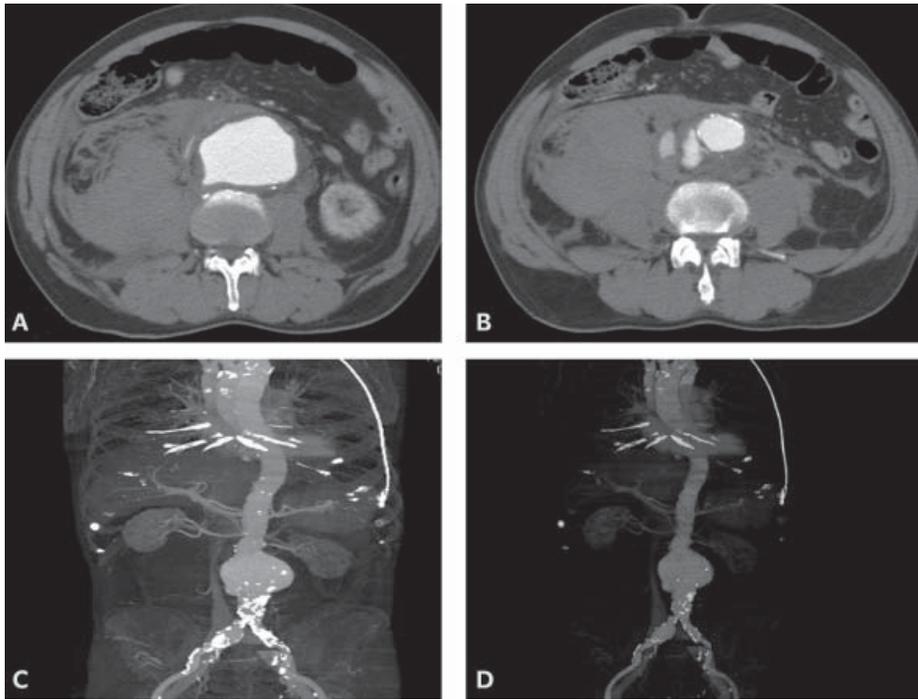


Figure 1. (A) Contrast enhancement in the wall of the abdominal aneurysm, (B) Tomographic image of the ruptured abdominal aneurysm showing true and false lumens surrounded by a hematoma, (C) Calcium deposition in peripheral vessels was also evident, (D) Volume rendering image of ruptured abdominal aortic aneurysm.

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