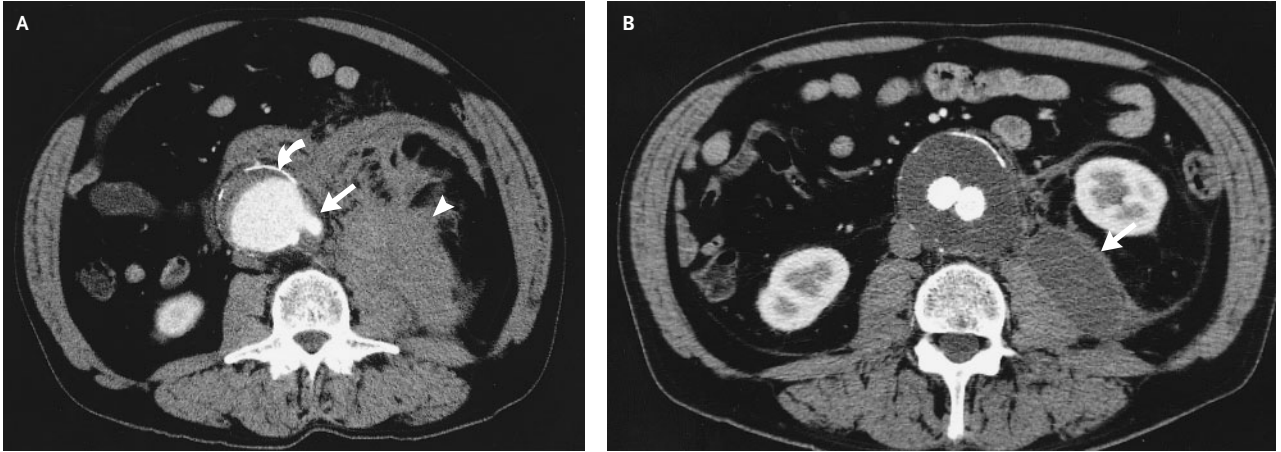


IMAGES IN CLINICAL MEDICINE

Endovascular Repair of a Ruptured Abdominal Aortic Aneurysm



A 62-YEAR-OLD MAN PRESENTED WITH AN ACUTE ONSET OF SEVERE lower back pain, hypotension, and nausea and vomiting. He had a history of hypertension and hypertriglyceridemia. On arrival, the patient was diaphoretic, with a blood pressure of 130/57 mm Hg and a heart rate of 84 beats per minute, and he had a markedly tender, pulsatile abdominal mass. He immediately underwent computed tomography (CT), performed with the use of contrast material; the study showed calcification in the aortic wall (Panel A, curved arrow) and a contained rupture of an abdominal aortic aneurysm, with active extravasation of contrast material (Panel A, arrow) into a large retroperitoneal hematoma (arrowhead). Within three hours after the onset of his symptoms, the patient was taken on an emergency basis to the operating room, where, under local anesthesia, he underwent a stent-graft repair of the ruptured aneurysm, performed with the use of a bifurcated endograft system. One month later, follow-up CT scanning showed a functioning graft and organization of the retroperitoneal hematoma into a well-defined fluid collection around the psoas muscle (Panel B, arrow). At six months, further regression of the aneurysm with resolution of the retroperitoneal hematoma was observed.

Copyright © 2004 Massachusetts Medical Society.

W. Anthony Lee, M.D.

University of Florida College of Medicine
Gainesville, FL 32610