A 69-year-old man with a history of gastric ulcer and hypertension presented to the emergency department complaining of a sudden onset of epigastric pain and vomiting some coffee-ground fluid. The patient appeared to be in distress. His blood pressure was 82/64 mm Hg, and his heart rate was 79 bpm. On physical examination, his upper abdomen was tender with guarding, and we heard diffuse hypoactive bowel sounds. The chest radiograph was unremarkable. A supine abdominal radiograph showed a large, soft-tissue-density central mass that had peripheral calcification with loss of the right-side margin and right psoas border unvisualized (Figure 1). The overall findings indicated a ruptured abdominal aortic aneurysm. This conclusion was confirmed by contrast-enhanced computed tomography showing a large aortic aneurysm (≈9 cm in diameter and 12 cm in length) with a disruption over the right cephalad side that was a massive retroperitoneal hematoma (Figures 2 and 3). The patient received emergent abdominal aortic grafting quickly and subsequently recovered well 2 weeks later.

Although elderly patients with ruptured abdominal aortic aneurysms and hypotension might present atypical symptoms, if we could search the particular abdominal radiographs carefully for a large central mass, peripheral calcifications of the mass, loss of part of the mass margin, and loss of one or both psoas outlines, the diagnosis could be correct in 90% of these patients.

Disclosures

None.

References

Figure 3. Coronal view of contrast-enhanced computed tomography shows a large abdominal aortic aneurysm 9 cm in diameter and 12 cm in length with peripheral calcification and a rupture of the aneurysm over the right cephalad side (arrow) with massive retroperitoneal hemorrhage. In addition, an intra-aortic thrombus and a large hepatic cyst were noted.
Radiographic Findings of a Ruptured Abdominal Aortic Aneurysm
Ding-Kuo Chien, Wen-Han Chang and Yu-Hang Yeh

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