A 70-year-old man presented with 6 months’ history of progressively severe backache and left frank pain. Past history was significant for an aortobifemoral Dacron bypass graft performed 11 years ago for intermittent claudication attributable to aortoiliac occlusive disease. A contrast computed tomography (CT) scan showed a slight irregularity around the pararenal aorta without other abnormalities. Because of persistent symptoms, a positive emission tomography-CT scan was performed that showed a large pseudoaneurysm measuring 6.1×3.8×2.8 cm arising from the juxtarenal aorta above the previous aortic graft (Figure 1) with an associated retroperitoneal soft tissue mass encasing the left renal artery with a standardized uptake value of 22.5 (Figure 2). At this stage, the differential diagnosis was of juxtarenal aortic mycotic aneurysm or an anastomotic pseudoaneurysm with contained rupture, or retroperitoneal tumor with aortic invasion. The patient was referred to our tertiary vascular center for further management.

On admission, the patient was frail. The blood test revealed pancytopenia (white blood cells, 4.0×10⁹/L; hemoglobin, 10.2 g/dL; platelets, 131×10⁹/L) and raised lactate dehydrogenase of 861 U/L (normal range, <0.76 mg/dL) and 117 mm/h (normal range, 0–10 mm/h), respectively. Repeated blood cultures were negative.

Because the patient was symptomatic and deemed unfit for open repair, with the inherent risk of contained rupture, we decided to temporize the condition with parental ceftriaxone and commenced chemotherapy for pancreatic cancer. Endovascular repair provided an alternative approach in a situation when open repair appears hazardous and anatomy is suitable.

Images in Cardiovascular Medicine

Para-Aortic Lymphoma Simulating Mycotic Abdominal Aortic Aneurysm

Wai-ki Yiu, MBBS, PhD, FRCS; Yiu-che Chan, MBBS, MD, FRCS; Stephen W.K. Cheng, MBBS, MS, FRCS

From the Division of Vascular & Endovascular Surgery, Department of Surgery, The University of Hong Kong Medical Centre, Queen Mary Hospital, Hong Kong.

correspondence to Wai-ki Yiu, MB BS, PhD, FRCSEd, FCSHK, Division of Vascular & Endovascular Surgery, Department of Surgery, The University of Hong Kong Medical Centre, South Wing, 14th Floor K Block, Queen Mary Hospital, Pokfulam Rd, Hong Kong. Email: waikiyiu@gmail.com

© 2013 American Heart Association, Inc.

Circulation is available at http://circ.ahajournals.org

DOI: 10.1161/CIRCULATIONAHA.112.000911

674

References

Figure 1. Computed tomography scan showed the presence of pseudoaneurysm with inflammatory lesion around the aorta. in (A) axial and (B) coronal cuts.

Figure 2. Positive emission tomography-computed tomography showed a large left retroperitoneal mass with positive uptake. in (A) axial and (B) coronal cuts.

Figure 3. A, Aortograms showed the presence of aortic pseudoaneurysm. B, Exclusion of pseudoaneurysm was confirmed after the placement of a stent graft.

Figure 4. Reassessment the computed tomography scan confirmed the exclusion of the pseudoaneurysm after endovascular stent graft placement with the preservation of (A) para-visceral and (B) renal arteries. However, the periaortic inflammatory lesion still persisted. A indicates anterior; L, left; P, posterior; and R, right.

Figure 5. Diagrams showing the histological features of the periaortic mass. A, The biopsy showed atypical lymphoid cells of large size arranged in sheets. Necrosis was present in the adjacent areas (x200). The atypical lymphoid cells expressed CD20, the B-cell marker (x200; B), and bcl-2 (x200; C). D, The proliferative Ki-67 index was ≈70% (x200).
Para-Aortic Lymphoma Simulating Mycotic Abdominal Aortic Aneurysm
Wai-ki Yiu, Yiu-che Chan and Stephen W.K. Cheng

Circulation. 2013;128:674-675
doi: 10.1161/CIRCULATIONAHA.112.000911
Circulation is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2013 American Heart Association, Inc. All rights reserved.
Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circ.ahajournals.org/content/128/6/674

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Circulation can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Circulation is online at:
http://circ.ahajournals.org//subscriptions/