Inflammatory Abdominal Aortic Aneurysm

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A 73-year-old woman who had been losing weight progressively (~6 kg) over a period of 6 months came to our hospital after experiencing growing abdominal pain for 2 weeks. A CT of the abdomen revealed a 6-cm infrarenal abdominal aortic aneurysm surrounded by a contrast-enhancing mantel (Figure 1). Her C-reactive protein value was 4.3 mg/dL. Other laboratory tests revealed no specific findings. The aneurysm was treated with a prosthetic Y-graft through a transperitoneal approach. The characteristic white glistening perianeurysmal fibrosis and severe thickening were noted on the aortic and iliac arterial walls during operation (Figure 2). Her postoperative course was uneventful. Histopathological examination of the iliac arterial wall was performed, and the dominant finding was an inflammatory reaction with an infiltration of lymphocytes and plasma cells in thickened, collagen-rich tissue (Figure 3). Plasmacytosis may play a causal role in so-called inflammatory abdominal aortic aneurysm.

Figure 1. CT of abdomen.

Figure 2. Periarterial thickening of common iliac artery.

Figure 3. Histopathological findings of aneurysmal wall. M indicates media; A, adventitia.
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