A case of acute abdominal pain

A 30-year-old man was admitted with history of acute onset of lower abdominal pain. Abdominal examination showed tenderness over right iliac fossa. CT abdomen showed a ruptured 22×40 mm fusiform aneurysm of right common iliac artery (CIA) and internal iliac artery (IIA) with a pseudoaneurysm of 50×45×40 mm (figure 1). He was taken up for an urgent endovascular procedure. Access with 7F sheath through both femoral arteries was secured. Marker pig tail catheter was positioned at infrarenal aorta. A 0.35 8×8 MReye embolisation coil was released into the right IIA through a JR 6F catheter. Then, Advanta v12 10×59 covered stent was deployed in the right CIA across the aneurysm (figure 2). Follow-up CT angiogram showed thrombosis of the pseudoaneurysm with normal distal flow. Patient was asymptomatic at first follow-up after 1 month.

Isolated iliac artery aneurysms (IAA) are seen more in elderly men more than 60 years of age. Most (up to 70%) occur in the CIA and two-thirds have involvement of more than one segment of the iliac arterial tree, and one-third of IAAs are bilateral. Causes include atherosclerosis, infection, pregnancy, trauma and Marfan syndrome. Rate of rupture depends on size, and there is 31% chance of rupture if diameter is >5.6 cm.[1] Aneurysm larger than 3 cm is surgically repaired, but percutaneous techniques may be effective alternatives as they avoid general anaesthesia and blood loss.[2] Our patient needed endovascular treatment in view of life-threatening complications, namely rupture with pseudoaneurysm formation.

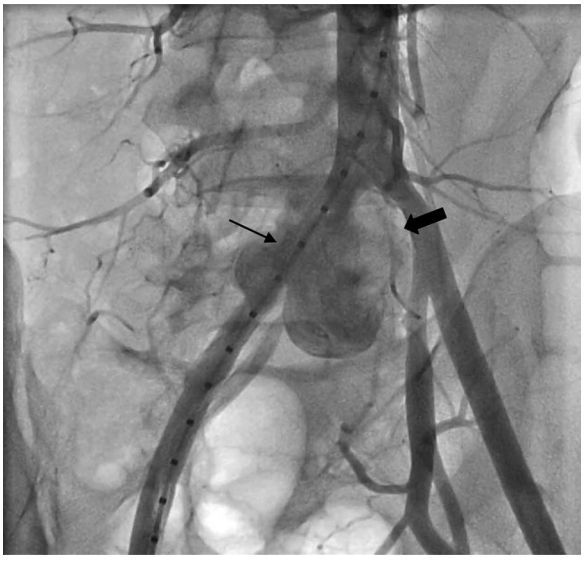

Figure 1 Descending aortogram showing aneurysm in the right common iliac artery (CIA), extending to the IIA (arrow) and the pseudoaneurysm compressing the left CIA (bold arrow).

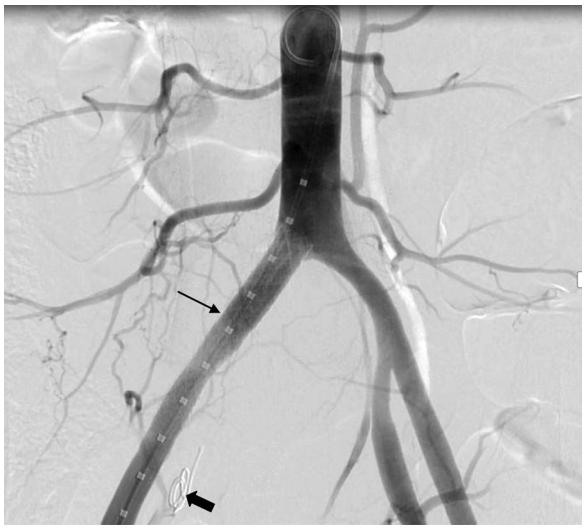

Figure 2 Descending aortogram postprocedure showing the covered stent (arrow) in right common iliac artery and external iliac artery completely excluding the aneurysm and also showing the coil in the IIA (bold arrow).

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