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 IAA 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.

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