

CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

Vascular Diseases Quiz – Case 32

A 77-year-old man came to our outpatient clinic because of the presence of an incisional hernia. Seven years ago the patient had undergone an open repair of his ruptured infrarenal abdominal aortic aneurysm (AAA) with a diameter of 12 cm, using the inlay technique through a longitudinal midline incision. His past medical history included hypertension and chronic obstructive pulmonary disease.

The patient was asymptomatic. Physical examination apart from the hernia, revealed a suspicious palpable mass on the left paraumbilical region. There were no abnormal laboratory findings. The patient underwent a computed tomography (CT) angiography of the abdomen (fig. 1).

What is the diagnosis?

Comment

Anastomotic aneurysms comprise the result of a degenerated anastomosis over time. These false aneurysms (pseudoaneurysms) are delimited by compression of the surrounding tissues and are characterized by lack of the typical three layers of the arterial wall. The incidence of aortic anastomotic aneurysms varies in several large series between 0.5 and 5%. The etiology is multifactorial, including aortic wall degeneration, technical errors and graft infections. Most of these aneurysms are asymptomatic and are discovered casually on

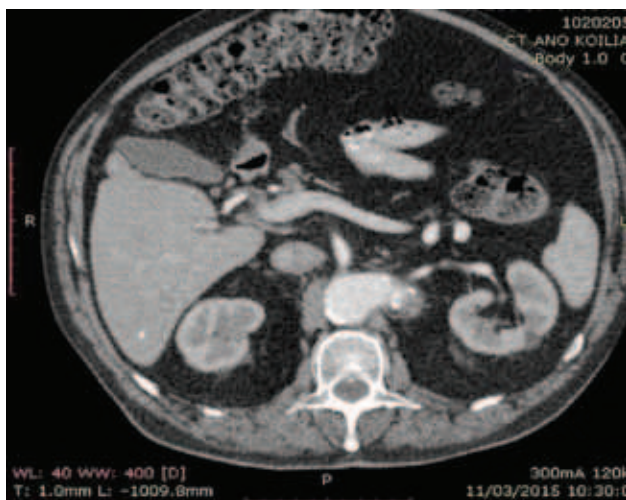


Figure 1.

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imaging studies for other diagnoses. Sometimes a palpable pulsatile mass can be noticed on physical examination. Complications may also occur, such as rupture, thrombosis, embolism and even rupture into the bowel or vena cava. CT angiography is the gold standard as an imaging study in terms of diagnosis and planning the treatment modality. In our case, the patient had undergone open repair of a ruptured AAA 7 years ago. Our follow-up protocol suggests a duplex scanning every 5 years after open AAA repair. The patient was lost to follow-up and represented to us because of an incisional hernia and not for abdominal pain, discomfort or other symptoms related



Figure 2

to the anastomotic aneurysm. The CT revealed a large saccular anastomotic aneurysm with a diameter of 6.5 cm, originating just below the left renal artery at the level of the proximal anastomosis between the aorta and the synthetic graft. The patient was treated successfully by endovascular means (with aortic stent graft deployment within the old tubular Dacron graft) (fig. 2).

References

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