

Giant Thrombosed Abdominal Aortic Aneurysm (AAA) in A 50-Year-Old Male

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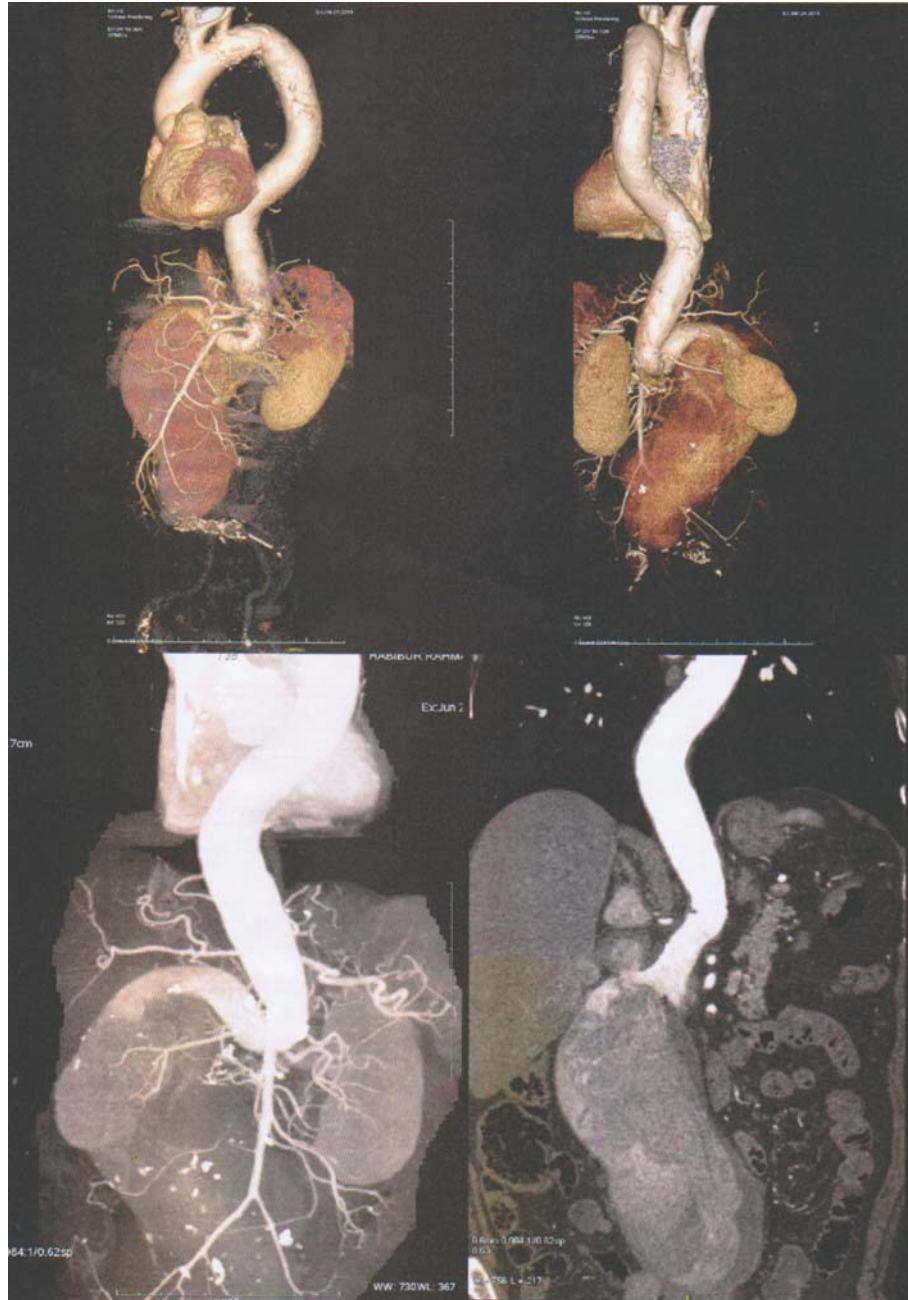


Fig 1. CT scan of the abdomen showing a giant infrarenal fusiform aortic aneurysm. No contrast is seen within the lumen of aneurysm suggesting complete thrombosis.

A 50-year-old male patient attended the outpatient department of Orthopedics in Popular Medical College & Hospital with the history of low back pain for 2 years and pain in both lower limbs for same duration. He consulted local doctors for his low back pain, but there was no improvement. On examination, the patient was hypertensive and a lower abdominal pulsatile mass was felt. Both femoral pulses were feeble. Contrast enhanced CT scan of the abdomen was performed and it revealed a giant infrarenal fusiform completely thrombosed aortic aneurysm about 14 cm in length. Aneurysm reached the bifurcation of the aorta. Thrombosis was found within the aneurysm. However, no evidence of rupture was seen.

Because of portability, low risk of ionizing radiation, low cost and easy availability, ultrasonogram should be the initial imaging modality when an asymptomatic, pulsatile abdominal mass is palpated. If the aneurysm is found approaching 5 cm or more or if rapid enlargement is seen on serial ultrasonogram images, a

CT scan or CT angiogram should be done to delineate the extent of disease better. In emergency, when clinical diagnosis is fairly certain or rupture is imminent or suspected and if the patient is clinically stable, then CT scan or CT angiogram may be the initial and only examination required.

Normal aortic diameter

| Vertebral level | Diameter (cm) |
|-----------------|---------------|
| T12 | 2.5 |
| L2 | 2.0 |
| L4 | 1.5 |

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