

Abdominal Aortic Aneurysm

Türkiye Acil Tıp Dergisi - Turk J Emerg Med 2008;8(1):44 [50]

Mehmet ÜSTÜNDAĞ, Murat ORAK, Mustafa Burak SAYHAN

Dicle Üniversitesi Tıp Fakültesi Acil Tıp
Anabilim Dalı, Diyarbakır

A 72-year-old man who has suffered from major hypertension for more than 35 years admitted to the emergency room with abdominal pain and distension. He had no history of co-morbid disorders such as diabetes, hypercholesterolemia, and coronary artery disease etc. except for a history of hypertension. There was no previous history of abdominal aortic aneurysm. His vital signs were as follows: arterial blood pressure was 150/90 mmHg and had a pulse rate of 112/min. The abdominal system examination was remarkable for an abdominal mass (about 4*3 cm in diameter) and distension. The patient had a sinus tachycardia in his ECG. Transthoracic echocardiography applied due to large mediastinum at his posteroanterior plain radiography. Ascenden aortic size measured 6.27 cm in diameter and showed thick clot in lumen of ascenden aorta (Fig. 1). In his abdominal ultrasound examination revealed that the thick clot was extending from aorta bifurcation to below the renal arteries. Calcified crooked aortic trace was shown in the abdominal X-ray (Fig. 2).

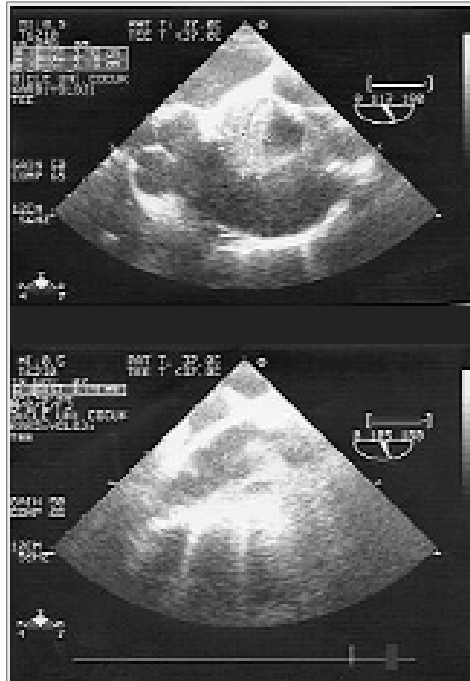


Fig. 1. Calcified aortic aneurysm and the thick clot in transthoracic echocardiogram.

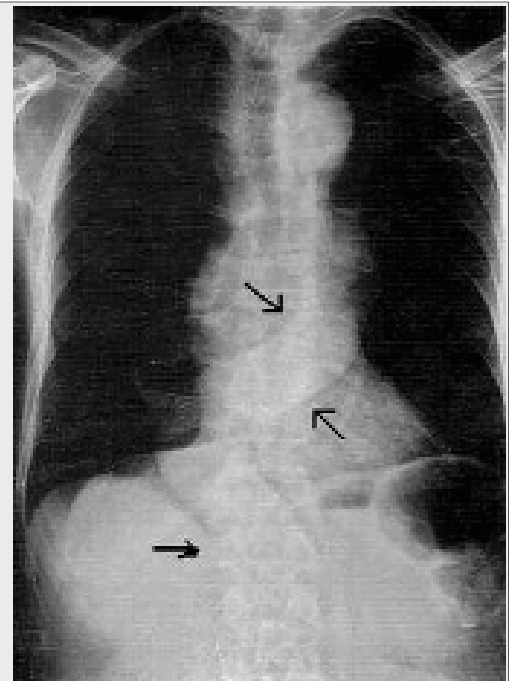


Fig. 2. Posteroanterior view of the calcified abdominal aortic aneurysm.

Correspondence (İletişim)

Mustafa Burak SAYHAN, M.D.

Dicle Üniversitesi Tıp Fakültesi Acil Tıp
Anabilim Dalı, 21200 Diyarbakır, Turkey.

Tel: +90 - 412 - 248 80 01

Fax (Faks): +90 - 412 - 248 85 23

e-mail (e-posta): drsayhan2440@yahoo.com

*For the diagnosis and teaching points, see page 50