

Ruptured descending thoracic aortic aneurysm: A case report

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Case report

Thoracic Surgery



Background

Introduction: The rupture of an abdominal aortic aneurysm is a cardiovascular emergency whose 30-day mortality rate can reach up to 70% (1). There are some classifications to predict patient mortality during the first month, with the New England Vascular Surgery Group classification being the one that appears to be the most accurate (2). The case of a 78-year-old male patient is exposed, who 1 day ago started with 10/10 intense precordial pain and dyspnea at rest, in a private hospital they decided to refer him to Hospital Regional de Occidente, where he was treated.

Keywords: Aortic aneurysm, ruptured aneurysm.

It is presented the case of a 78-year-old male patient, originally from Malacatan, San Marcos, with a history of Type 2 Diabetes Mellitus, uncontrolled systemic arterial hypertension and a history of two previous acute myocardial infarctions, who one day ago began with intense precordial pain (10/10) and dyspnea at rest, they consulted a private hospital where they documented blood pressure of 60/20 mmHg, SpO₂ at 84% and heart rate at 117 bpm and; they started vasoactive amines, as there was no improvement they decide to refer the patient to our hospital, where due to his symptoms and medical history, an angiotomography is requested due to suspicion of a ruptured aneurysm.

Due to the delay caused by the hospital transfer and the rapid hemodynamic deterioration, the patient died a few minutes after his admission to the ICU.

Discussion

Aortic aneurysm rupture is a highly lethal event that, despite advances in diagnosis and therapy, continues to present a high mortality rate(3). The main symptoms present with the classic clinical triad of hypotension, abdominal or lumbar pain, and a pulsatile abdominal mass, although it is only present in 25-50% of cases.

At present, computerized axial tomography is the imaging test of choice in the face of clinical suspicion of this first-order surgical emergency; Abdominal-pelvic CT angiography, with 1-mm thick cuts, confirms the diagnosis and is what determines whether surgical repair is feasible.

Endovascular surgical intervention, associated with adequate anesthetic and perioperative management, have shown, as a whole, a resounding decrease in mortality in the last two decades(3).

Conclusions

Aortic aneurysm rupture is a highly lethal event that, despite advances in diagnosis and therapy, continues to present a high mortality rate however endovascular surgical intervention, associated with adequate anesthetic and perioperative management, have shown, as a whole, a resounding decrease in mortality in the last two decades

Conflicts of interests

The authors declare that there are no conflicts of interest.

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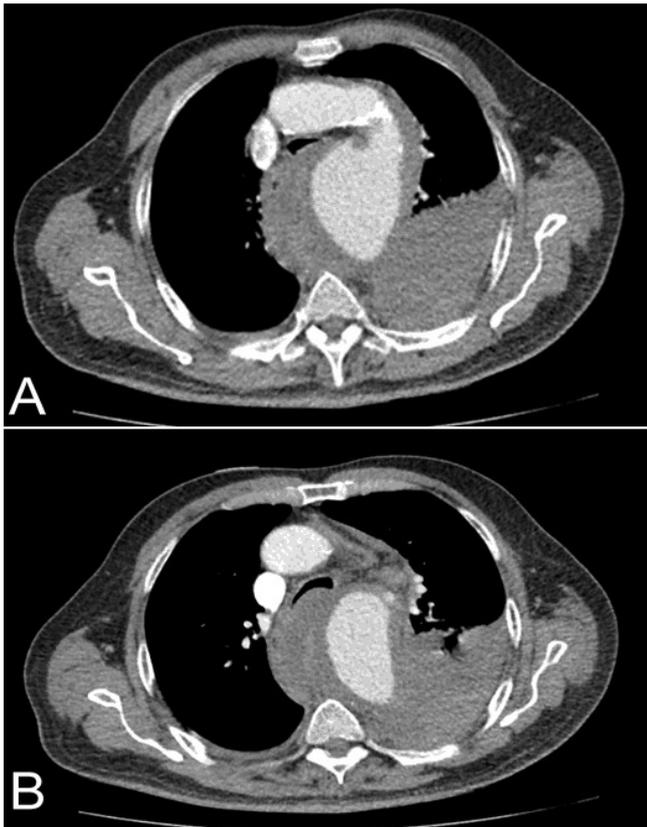


Figure 1. A. Ruptured aneurysm. Aneurysmal dilation is observed at the level of the descending aorta, in addition to observing leakage of the intravenous contrast medium through the rupture of the aneurysm. B. The descending aorta with a normal diameter is observed, in addition, hemomediastinum can be appreciated in a moderate amount, which extends towards the pleural space on the left side.

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