

Unusual Abdominal Aortic Aneurysm in South Indian Population - Case ReportUsha Kothandaraman¹, Sadhu Lokanadham^{2*}¹Professor and Head, Department of Anatomy, ESIC Medical College & PGIMSRS, Chennai, Tamilnadu, India²Assistant Professor, Department of Anatomy, Government Medical College, Palakkad, Kerala, India**Case Report*****Corresponding author**

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Article History

Received: 10.11.2017

Accepted: 15.11.2017

Published: 30.11.2017



Abstract: Abdominal aortic aneurysm is potentially life threatening due to its larger blood supply to body. *Abdominal aortic aneurysm* is defined as localized enlargement of the abdominal aorta such that the diameter is greater than 3 cm normal diameter. In the present report we have found abdominal aortic aneurysm in a 58 year old male cadaver below the level of origin of renal arteries and extended up to the bifurcation of the aorta in to right and left common iliac arteries. There were many clinical studies discussed about the aneurysm associated with intra cardiac thrombus, internal bleeding due to rupture, vascular variations in such condition our care report gives clinical knowledge and its diagnosis importance in treating the life threatening condition of the abdominal aortic aneurysm.

Keywords: Abdominal aorta, aneurysm, fusiform.

INTRODUCTION

An aortic aneurysm is a dilation of the aorta to greater than 1.5 times normal size [1]. The relation between aortic size and shape is a possible causative factor in the development of abdominal aortic aneurysm [2, 3]. Abdominal aortic aneurysms are the most common form of aortic aneurysm. About 85% occur below the kidneys with the rest either at the level of or above the kidneys [4, 5]. There were several cases of abdominal aortic aneurysms in clinical studies but very few were discussed cadaveric aortic aneurysm. Tobacco use, increasing age, male sex, family history and hypertension are the major risk factors for abdominal aortic aneurysm [6, 7].

Abdominal aortic aneurysm rupture occurs in 1-3% of men aged 65 or more, the mortality is 70-95% [8]. The present report we encountered a 58 year male cadaver presenting unruptured abdominal aortic aneurysm below the level of renal arteries in the abdomen.

CASE REPORT

During routine dissections for the medical undergraduates at Government Medical College, Palakkad, Kerala, In a 58 year old male cadaver we

have found fusiform dilatation of abdominal aorta between the origin of renal arteries and bifurcation of abdominal aorta. We confirmed the dilatation as aneurysm of abdominal aorta and it was fusiform in shape, unruptured and very closer to the inferior venacava and also found inferior mesenteric artery is arising from the dilated part of the abdominal aorta [Figure 1 & 2]. The termination or bifurcation of abdominal aorta is at normal level and the branches arising from the abdominal aorta normal was noted.

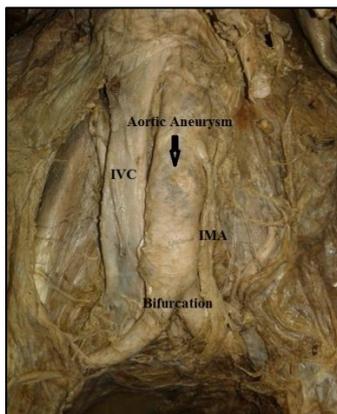


Fig-1: Abdominal aortic aneurysm below the renal vessels and above the level of bifurcation of aorta (Arrow: abdominal aortic aneurysm; IVC; inferior venecava; IMA: Inferior mesenteric artery)

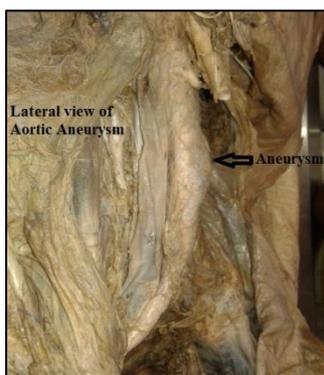


Fig-2: Lateral view of abdominal aortic aneurysm below the renal vessels and above the level of bifurcation of aorta (Arrow: abdominal aortic aneurysm; IVC; inferior venecava; IMA: Inferior mesenteric artery)

DISCUSSION

Abdominal aneurysms are usually repaired surgically via prosthetic grafts [9]. Aortic aneurysms are often found between the renal arteries and the iliac bifurcation [9, 10]. The most common location of Aortic aneurysms is at the bifurcation of the aorta into the common iliac arteries [10]. Occasionally, the ascending arch and descending thoracic aorta are affected [11]. Aneurysm in abdominal aorta commonly occurs in adults 60 years of age or older and has been reported to be four times more frequent in males [9]. Literature suggested that Aneurysm in abdominal aorta may occur in individuals as early as 50 years of age [12]. It has also been reported that of 473 non-repaired abdominal aortic aneurysms examined from autopsy reports, there were 118 cases of rupture, 13% of which were less than 5 cm in diameter [13]. Abdominal aortic Aneurysm associated with intra cardiac thrombus, internal bleeding due to rupture, and vascular variations in the previous literatures. In the present case we could not found such conditions might be due to the size of the aneurysm and the level of aneurysm in the report is in agreement with the previous literatures [4, 5, 9, 10,].

CONCLUSION

Our care report gives clinical knowledge and its diagnosis importance in treating the life threatening condition of the abdominal aortic aneurysm.

ACKNOWLEDGEMENT

The authors are also grateful to authors, editors and publishers of all those articles, journals and books from where the literature for this article has been reviewed and discussed.

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