Emergency EVAR for a leaking abdominal aortic aneurysm in a 70 year old morbidly obese male

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Case presentation

- 70 year old male
- Morbid obesity BMI 40
- Diabetic, Hypertensive with ischemic heart disease for which 2 coronary stent were inserted in 2015
- Previous abdominal surgery through midline incision.

Presentation:

Acute abdominal pain of 4 hours duration preceded by chronic abdominal pain referred to the back of 2 months duration

By examination:

- Intact peripheral pulses
- Tender pulsating abdominal mass more in the left iliac fossa
- BP 90/60
- Heart rate 110
- Normal RR and temperature

Emergency CTA..

Follow Up...

- Duplex done 1 month later: Type 2 endoleak with sac diameter 48mm
- CTA was done: Type 2 endoleak from IMA
- Close follow up after 1 month shows an enlargement of the sac to 52 mm
- Cardiological consultation: Stop clopidogrel
- After one month sac size regressed to 47mm with minimal endoleak

Conclusion...

Emergency EVAR should be available as a first line management if the anatomy permits

EVAR decreases mortality and morbidity especially in patients with multiple comorbidities

Type 2 endoleak should be closely followed up with stoppage of all anticoagulants if possible.