

Images in medicine

Aneurysm of the thoracic and abdominal aorta in a patient aged 67 years detected incidentally in pre-anesthesia consultation

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An aneurysm is a localized irreversible dilatation of the aortic wall resulting from an alteration of elastic fibers in the media. When it is definable reached a diameter of 3.5 cm at the level of the thoracic aorta, and of 3 cm at the abdominal aorta. The main risk is rupture. It depends on the size and growth rate. Aortic aneurysm (thoracic or abdominal) is a lethal injury that requires surgery when its diameter is 5 cm. This is the limit beyond which the risk of rupture exceeds the risk of operative mortality if proper patient selection is made, from the evaluation of their heart, lung and kidney reserves. Abdominal ultrasound has become the easiest and most reproducible for screening, only the anteroposterior and transverse diameters must be selected. Early detection of aneurysms and their surgical correction before the rupture therefore become a reality. Stents recently proposed as less invasive option to open surgery for patients at high risk. The screening is a reasonable option for people at risk. Thus, in Britain, an abdominal ultrasound is recommended for all men over 65 years. We report the case of patient a 67 years old, hypertensive under treatment two years ago, followed for kidney failure one year ago, saw pre-anesthesia consultation coupled with a cardiac and abdominal ultrasound bedside, for breast tumor with occasional abdominal pain, revealed fortuitously an aneurysm of the ascending aorta of 7.5 cm diameter, 5.7 cm of the descending thoracic aorta, and 6.3 cm of the abdominal aorta below the renal arteries associated with thrombus. Given the high risk of

rupture any time, the patient is referred by treatment with an inhibitor of angiotensin converting enzyme, statin and antiplatelet therapy at low doses to the cardiovascular consultation, to discuss the treatment of aneurysm first before any surgery.

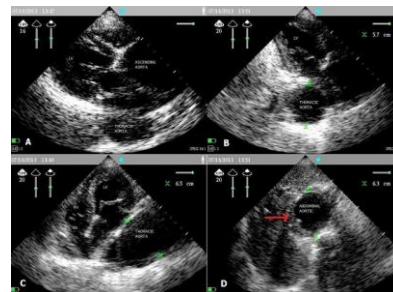


Figure 1: Ultrasound images A and B) Parasternal long-axis 2D echocardiographic image showing an aneurysm of the ascending and descending thoracic aorta; C) apical four cavity 2D echocardiographic image showing dilatation of the thoracic aorta with compression of the left atrium simulating liquid mass para cardiac; D) transverse abdominal 2D echocardiographic image through the abdominal aorta below the renal arteries showing aneurysm at 6.3 cm diameter anteroposterior strict without inclination, with thrombus 3.5 / 2 cm. (LA: left atrium, LV: left ventricle, RV: right ventricle, RA: right atrium Red arrow: thrombus)