A Case Report of Contained Rupture with Pseudo Aneurysm Formation- A Rare Entity

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Abstract

A 66 year old male presenting with chest pain and shortness of breath gradually increasing for past 2 months, CECT was done which shows presence of contained rupture of arch of aorta with pseudo aneurysm formation.

Case Report

We present a case of a 66 year old male presenting with chest pain and shortness of breath gradually increasing for past 2 months CECT images shows aortic aneurysm in ascending and arch with peri-aortic soft tissue with focal discontinuity in the intimal wall calcification with formation of saccular pseudo aneurysm. There is also presence of pericardial effusion and bilateral pleural effusion. VR images also denote the same. Diagnosis is contained rupture with pseudo aneurysm formation. Such entity was rare to be encountered in day to day practice (Figure 1).

A 66 year old male presenting with chest pain and shortness of breath gradually increasing for past 2 months CECT images shows aortic aneurysm(black arrow) in ascending and arch with peri-aortic soft tissue with focal discontinuity in the intimal wall calcification with formation of saccular pseudoaneurysm (white arrow). There is also presence of pericardial effusion and bilateral pleural effusion. VR images also denote the same. Diagnosis is contained rupture with pseudo aneurysm formation.

Discussion

Contained rupture with pseudo aneurysm formation Rupture of thoracic aorta is an emergency requiring immediate diagnosis and management; however contained rupture diagnosis is often delayed due to chronicity and atypical clinical presentation [1,2].

Clinical presentation

Patients usually present with chest pain however symptoms are sometimes masked.

Presenting age is 60-70 years with slight male predominance, concomitant hypertension, CAD and PVD are present in most cases [3-5].

Key imaging diagnostic clues [1,4-6]

1. Decreased thrombus to lumen ratio
2. Focal discontinuity of intimal calcification
3. Tangential calcium sign
4. Periaortic stranding

Differentials

• Non-ruptured aneurysm-Increased thrombus to lumen ratio, Intact intimal calcification
• Ruptured aneurysm-Along with diagnostic features of contained rupture additional

Features are extravasation of contrast, high attenuating crescent and draped aorta sign [1,2,6].

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Figure 1: A 66 year old male presenting with chest pain and shortness of breath gradually increasing for past 2 months CECT images shows aortic aneurysm (black arrow)

References


