

Aneurysm of the left common iliac artery

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Introduction

Aneurysm is an abnormal dilatation of an artery. Abdominal aorta is the commonest site. Aneurysms presenting with symptoms (pain, distal embolization, rupture) need repair. Asymptomatic patients need careful evaluation (risk of rupture vs risk of repair) to decide on elective repair. Aneurysms are repaired surgically or by endovascular techniques [1,2].

Case history

A 75 year-old patient presented with lower and central abdominal pain of two weeks duration. He complained of persistent pain which had progressed in intensity. He had no alteration in bowel habits and had no urinary symptoms. He had a poor response to analgesics. An ultrasound scan revealed an aneurysm of the common iliac artery which had probably leaked but contained. An urgent CT scan confirmed the findings.

Case Reports

The patient was prepared for emergency repair of the aneurysm. At the surgery a leaked and contained aneurysm of the right common iliac artery was found. The neck of the aneurysm was extending up to aortic bifurcation. The abdominal aorta and both common femoral arteries were dissected. Vascular clamps were applied to occlude the infrarenal aorta, right common iliac artery distal to aneurysm and left common iliac artery. The aneurysm was opened and thrombus removed. Reconstruction was performed by aorto-bifemoral synthetic graft. Patient had an uneventful recovery

Discussion

Aneurysms of the iliac arteries are rare. They may present with abdominal and back pain, distal ischaemia or as an emergency due to rupture. Pain has to be carefully evaluated as it may be due to another pathology. Symptomatic aneurysms need repair.

Asymptomatic aortic aneurysms need elective repair if the diameter is larger than 5.5cm or rate of expansion is greater than 0.5cm in six months

(due to high risk of rupture). However, in elective operations fitness of the patient and the life expectancy also need consideration [1, 2].

The patient under discussion had pain and a suspected aneurysmal leak on imaging. He had hypertension which was well controlled medically. He was otherwise well.

He was subjected to open repair, a major procedure involving aortic clamping which has a significant morbidity and mortality rate. These risks are minimal in endovascular repair in which a stent graft is deployed into the aneurysmal segment through the femoral artery. Endovascular repair does not involve general anaesthesia, laparotomy and aortic clamping.

References

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