

ANEURISMA GIGANTE DA ARTÉRIA HIPOGÁSTRICA APÓS EXCLUSÃO PRÉVIA DE AAA

GIANT HYPOGASTRIC ARTERY ANEURYSM AFTER PREVIOUS ABDOMINAL AORTIC ANEURYSM EXCLUSION, WITH A HOSTILE ABDOMEN AND ANATOMY

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RESUMO

O uso generalizado de exames imagiológicos, permitiu o maior diagnóstico de aneurismas da artéria hipogástrica. Geralmente assintomáticos, mas quando causam sintomas, deve-se suspeitar de rutura ou compressão de estruturas abdominais próximas.

Descrevemos um doente com um aneurisma gigante da artéria hipogástrica após correção cirúrgica de aneurisma da aorta abdominal, causando compressão do ureter e das raízes nervosas, tratado por cirurgia aberta.

Palavras-chave

Aneurisma da artéria hipogástrica; sintomas compressivos

ABSTRACT

The widespread use of various imaging modalities, allow that hypogastric aneurysms have been increasingly detected. Usually asymptomatic, but once clinical symptoms occur, it must be supposed immediately that the hypogastric aneurysms have ruptured or that is compressing neighboring abdominal structures.

We describe a patient with a giant hypogastric aneurysm, after a AAA repair, compressing the ureter and spinal roots, treated by open surgery.

Keywords

Hypogastric artery aneurysm; compression symptoms

INTRODUCTION

Hypogastric artery aneurysms have been increasingly detected because of more imaging modalities performed for different clinical situations. When symptomatic, it must be supposed that the hypogastric aneurysms have ruptured or that they are compressing neighbouring abdominal structures.⁽¹⁾ We describe a patient with a giant hypogastric artery aneurysm, after an abdominal aortic aneurysm repair, compressing the ureter and spinal roots, treated by open surgery.

CASE REPORT

A 75-year-old male with history of an aorta-iliac aneurysm (both common iliac arteries involved) treated in 2000 with an aorto-bifemoral bypass and proximal and distal ligation of the iliac aneurysms. In 2006 had a new left hypogastric aneurysm, that was attempted to exclude by proximal ligation.

Observed in again 2011 because of abdominal pain. An angio-CT was performed and revealed a left hidronefrosis and compressed spinal roots by the "reanalyzed" hypogastric aneurysm with 12x10 cm of diameter (Figure 1), that was excluded by open surgery, with control of back bleeding with endoaneurysmorrhaphy and packed with haemostatic agents.

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Five years after this last procedure an angio-CT was performed and showed the hypogastric aneurysm completely excluded, without contrast enhanced, even in later acquisition times (Figure 2).

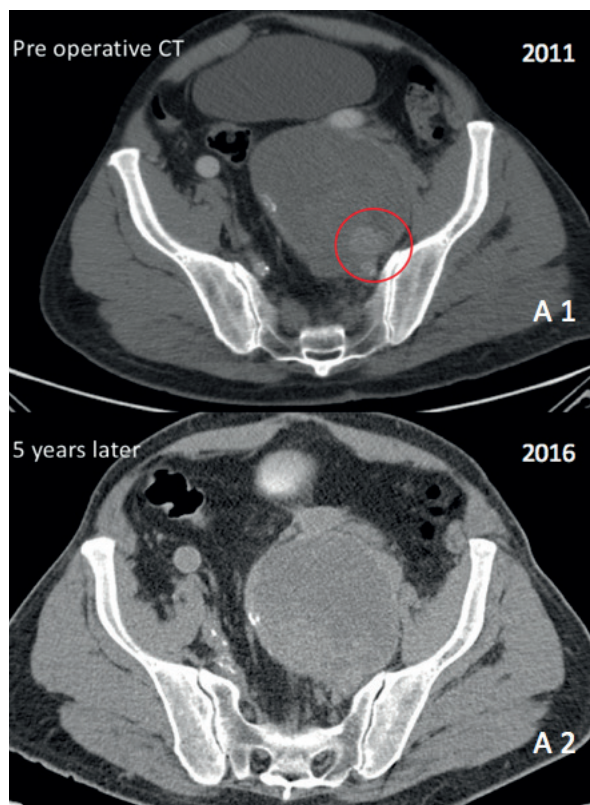


Figure 1 pre-operative CT; Figure 2 Follow-up CT five years later

DISCUSSION

Treatment of hypogastric artery aneurysms is a challenge due to their topography in the pelvis. The large size at diagnosis and the adjacent structures increase the risk of iatrogenic lesions.⁽²⁾

The current available treatments for hypogastric aneurysms are one or a combination of ligation, excision, endoaneurysmorrhaphy, embolization and endoluminal stenting.⁽³⁾

Aneurysm proximal ligation is the simplest procedure but carries a risk of long-term complications because the aneurysm is still supplied by collaterals and thus may continue to expand and may even rupture or cause compressive symptoms.⁽³⁾

Despite endovascular evolution, open surgery may be the best approach for hypogastric aneurysms causing compression symptoms.

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