

Ruptured abdominal aortic aneurysm identified on a plain radiography

Manuel Silva , Pedro Maximiano 

Angiology and Vascular Surgery, Hospital do Divino Espírito Santo, Ponta Delgada, Portugal

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A 78-year-old caucasian male patient, with a history of previous coronary bypass, atrial fibrillation, hypertension and obstructive sleep apnea, presented to the emergency department with an acute onset of diffuse abdominal pain, worsening during the day, and constipation. Blood pressure was 91/61 mmHg, heart rate 66 bpm, and the abdomen was painful on palpation in all quadrants. Arterial blood gas analysis showed a lactate level of 3.43 mmol/L. An abdominal X-ray was performed, showing a calcified sacular image (Panel A). Consequently, an angio-CT was performed, detecting an 8-cm infrarenal abdominal aortic aneurysm with contained rupture (Panel B). The patient underwent

aortobifemoral interposition. Post-operative period was complicated with right branch thrombosis and ischemic colitis, leading to subsequent re-interventions. The patient died on the ninth post-operative day.

Despite having limited usefulness in the diagnosis of ruptured AAA, abdominal radiography findings, such as a calcified aneurysm, loss of renal or psoas edge or renal displacement, may be useful for initial detection.

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