Ruptured Iliac Artery Aneurysm Coincident with Polycystic Kidney

Polikistik Böbrek Hastalığına Eşlik Eden Rüptüre İnternal İlyak Arter Anevrizması

Rüptüre İlyak Arter Anevrizması / Ruptured Iliac Aneurysm

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A 75-year-old man was admitted to the emergency room due to three day history of right lower quadrant pain. On physical examination, he had abdominal tenderness. He had a past medical history of bilaterally enlarged polycystic kidneys and a polycystic liver (Figure 1). A computed tomogram with contrast showed a 6 cm aneurysm of the right thrombosed internal iliac artery aneurysm (IIAA) and large (approximately 12cm) retroperitoneal haematoma formation anterior to the aneurysm (Figure 2). The patient underwent an immediate laparotomy as he became unstable. Intra-operative findings confirmed rupture of the right IIAA and aneurysm was ligated proximally.

Isolated IIAA is rare. Unless rupture occurs, they usually remain asymptomatic. Autosomal dominant polycystic kidney disease (ADPKD) has been associated with several aneurysms, most notably intracranial, but not internal iliac. We present a patient with ruptured IIAA as coincident with ADPKD. IIAA presents late with signs and symptoms of an acute abdomen or local compressive symptoms and has a high incidence of rupture because of its location and being asymptomatic. In addition, the mortality rates (60%) are high. Therefore, in the differential diagnosis of right lower quadrant pain, ruptured IIAA especially in patients with ADPKD should be kept in mind .



Figure 1. Polycystic kidneys- polycystic liver and thrombosed aneurysm (arrows) on coronal reformatted CT image of abdomen.

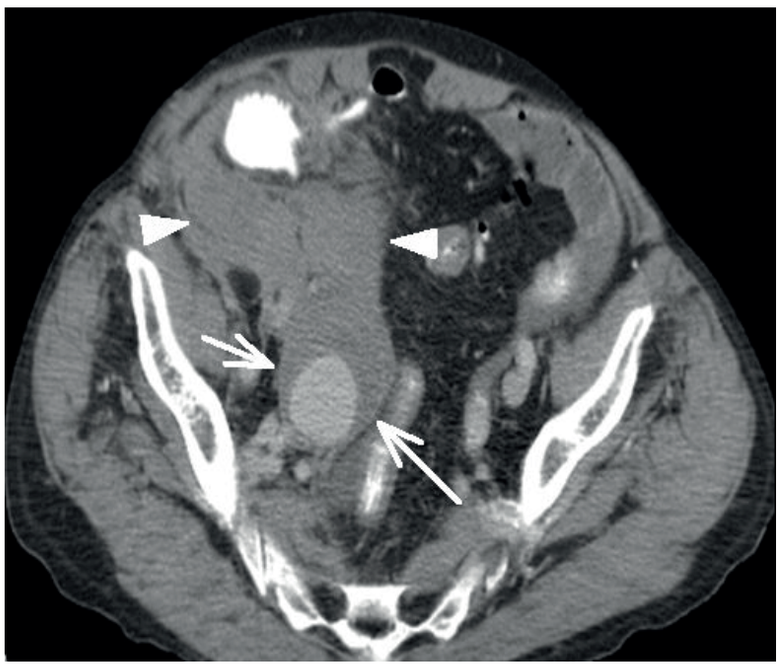


Figure 2. Right thrombosed internal iliac artery aneurysm (arrows) and retroperitoneal haematoma (arrowheads) on axial contrast-enhanced CT image of abdomen.

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