

**PP114 A PERSISTENT LUMBAR  
PAIN DUE TO CHRONIC  
CONTAINED LEAKING  
ANEURYSM: A CASE REPORT**

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**INTRODUCTION**

Leaking or ruptured AAA patients often presented with abdominal pain associated with hypotension and pulsatile abdominal mass. However, patient with chronic leaking AAA may come in with longstanding back pain, which usually misdiagnosed as musculoskeletal pain or renal colic. This report describes our experience with a patient who was initially treated for musculoskeletal pain but later reach correct diagnosis aided by proper history, bedside ultrasound and CT angiography findings.

**CASE REPORT**

A 72-year-old man presented with sudden onset bilateral lumbar pain without history of trauma. Pain was described as dull aching bilateral lumbar pain with no pain radiation. Patient denies any urinary symptoms and neurological deficit.

On examination he was hemodynamically stable. Per abdomen reveals no palpable mass with tenderness over bilateral lumbar region. Despite analgesia, pain was persistent.

In emergency department, bedside ultrasonography reveals a huge fusiform infrarenal aneurysm with thrombus seen. CT angiography reveals infrarenal aortic abdominal aneurysm with chronic contained leak with periaortic and prevetebral haematoma, and presence of retroperitoneal haematoma involving both psoas muscle. It also shows, bony erosion at

L3-L4 vertebral bodies with severe compression of infrahepatic inferior vena cava.

Case was transferred to Vascular Team of HKL for surgical intervention.

**DISCUSSION**

Chronic leaking aneurysm has been associated with misdiagnosis. It has been reported to present as back pain and lumbar neuropathy. Presentation depends on site of leakage and on the pressure, effect exerted by haematoma on the adjacent structure. Vertebral body erosions have also been reported in chronic leaking aneurysm, which also noted in our patient. Once the diagnosis is made, urgent surgery should be arranged.

**CONCLUSION**

Chronic leaking aneurysm may present with wide range of symptoms that lead to delay in diagnosis. High index of suspicion is required to diagnose this condition.