

# A Potentially Fatal Etiology of a Lumbar Radiculopathy

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# A Potentially Fatal Etiology of a Lumbar Radiculopathy

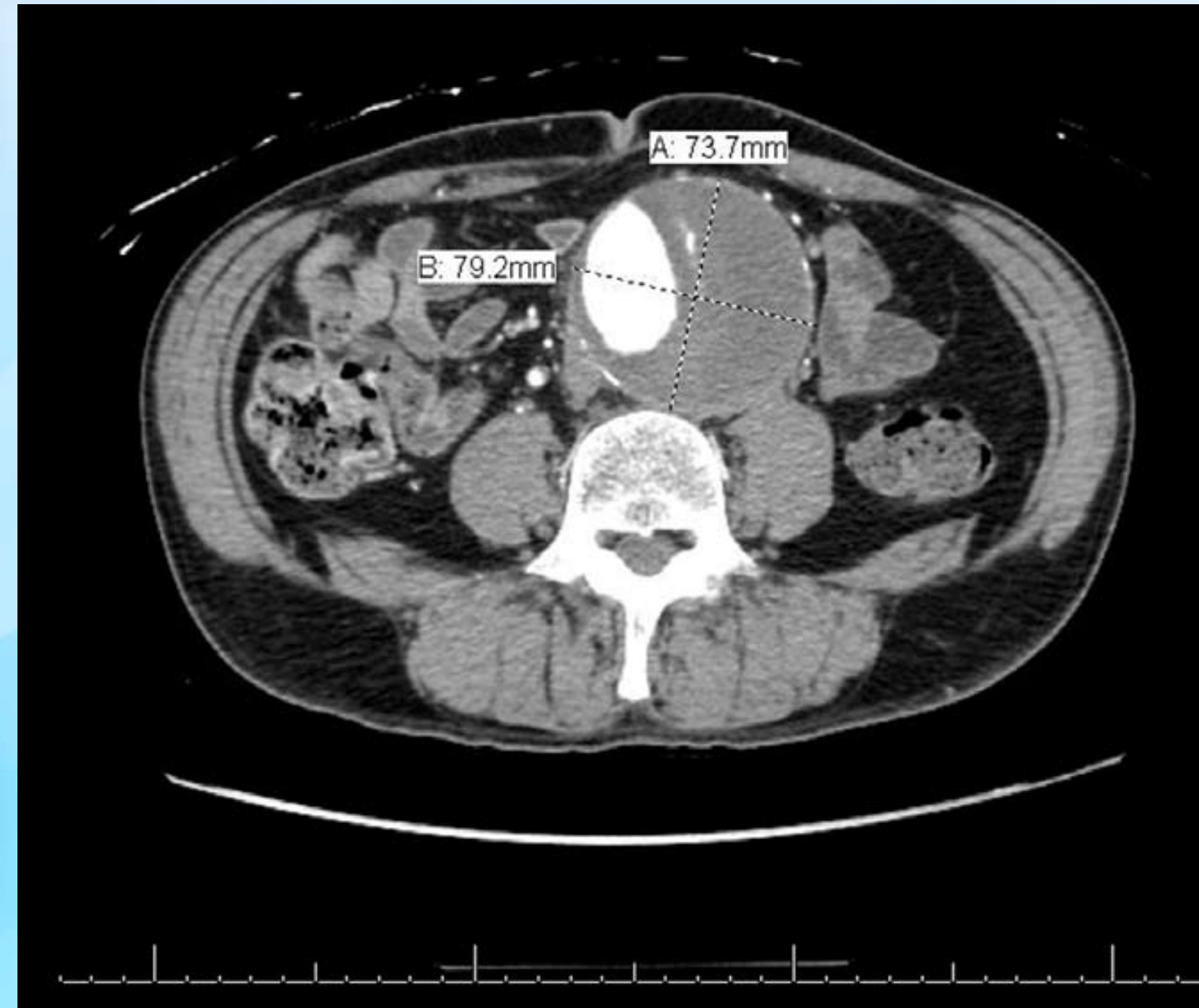
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## Introduction:

Ruptured abdominal aortic aneurysm (AAA) is a catastrophic event and carries an extremely high mortality rate. Though clinical signs of potential rupture include pain, a pulsatile abdominal mass and hypotension, signs and symptoms of an enlarging AAA can be atypical and often mimic common musculoskeletal disorders.

## Case:

This 62-year-old, non-smoker, active male presented with a 2-month history of radiating low back pain from his buttocks to his bilateral posterior knees. He was initially treated as an outpatient for lumbar radiculopathy. Two nights prior to the current hospitalization, he awoke with a worsening intensified version of the described pain. He denied any abdominal discomfort, dizziness or nausea. His deep tendon reflexes were intact with full range of motion and muscle strength of extremities. On careful abdominal examination he was found to have an epigastric pulsatile mass. Ultrasound and CT confirmed a 7.4 x 7.9cm. fusiform infrarenal AAA. Surgical repair with an endovascular stent graft was performed. The patient was discharged two days later pain free. At a three-week follow up, the pain remained resolved with no recurrence.



**Figure 1.** Large fusiform aneurysm of the abdominal aorta extending to its termination. Measures approximately 7.4 x 7.9 cm. in maximum dimensions and contiguity with the spine and left psoas muscle.

## Discussion:

Although 10% of AAAs have atypical presentations, enlarging AAA presenting as a lumbar radiculopathy is extremely rare. Leg pain resulting from AAA is presumed to be ischemic in origin, either from thrombosis or dissection.

## Discussion (cont'd):

Atypical presentations result from direct compression of the nerve plexus or from hemorrhagic dissection in the nerve sheath. Primary care providers frequently encounter radicular pain that often gets linked to a musculoskeletal diagnosis. This case highlights the importance of ruling out ominous etiologies in patients with a lumbosacral radiculopathy. We emphasize the need for increased awareness in recognizing AAA and careful examination of the abdomen for any pulsatile mass. Early diagnoses of AAA could prevent potentially lethal complications and reduce the mortality by performing elective procedures.

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