

PS24 Bolovi u testisu kao inicijalni simptom rupture aneurizme abdominalne aorteMia Alerić^a, Marta Živković Njavro^b^a *Objedinjeni hitni bolnički prijem, Klinička bolnica Dubrava*^b *Specijalistička ordinacija obiteljske medicine Dom zdravlja Zagreb Centar*DOI: <https://doi.org/10.26800/LV-144-supl6-PS24> Mia Alerić 0000-0002-8232-7191, Marta Živković Njavro 0000-0003-3049-4091

Ključne riječi: aneurizma abdominalne aorte; aortografija; epididimitis

UVOD: Ruptura aneurizme abdominalne aorte (rAAA) je životno ugrožavajuće stanje s gotovo 100%-tnom smrtnošću, ako se ne liječi. Unatoč hitnoj operaciji, smrtnost iznosi oko 50%. Ako ne postoji sumnja, rAAA je teško dijagnosticirati. Klasična prezentacija bolesnika s rAAA je muškarac stariji od 60 godina s akutno nastalim bolovima u abdomenu i leđima. Znakovi rAAA uključuju pulsirajuću tvorbu u abdomenu i hemodinamsku nestabilnost. Prikazujemo slučaj pacijenta s akutnim izoliranim bolovima u testisu povezanim s AAA.

PRIKAZ SLUČAJA: Ruptura aneurizme abdominalne aorte (rAAA) je životno ugrožavajuće stanje s gotovo 100%-tnom smrtnošću, ako se ne liječi. Unatoč hitnoj operaciji, smrtnost iznosi oko 50%. Ako ne postoji sumnja, rAAA je teško dijagnosticirati. Klasična prezentacija bolesnika s rAAA je muškarac stariji od 60 godina s akutno nastalim bolovima u abdomenu i leđima. Znakovi rAAA uključuju pulsirajuću tvorbu u abdomenu i hemodinamsku nestabilnost. Prikazujemo slučaj pacijenta s akutnim izoliranim bolovima u testisu povezanim s AAA.

ZAKLJUČAK: Akutni bolovi u testisu kod odraslih izloženih rizičnim čimbenicima kao što su pušenje i hipertenzija, trebali bi navesti kliničara da posumnja na dijagnozu simptomatske ili rupturirane AAA. Rano savjetovanje s vaskularnim kirurgom u slučaju sumnjive prezentacije može biti od presudne važnosti za preživljenje pacijenta.

Testicular pain as the initial symptom of ruptured abdominal aortic aneurysm

Keywords: abdominal aortic aneurysm; aortography; epididymitis

INTRODUCTION: Ruptured abdominal aortic aneurysm (rAAA) is a life-threatening condition with a mortality rate approaching 100% if left untreated. Emergency surgery has a mortality rate of 50%. Ruptured AAA can prove hard to diagnose when not suspected. The classic presentation of rAAA is a male patient older than 60 years complaining of acute-onset abdominal and back pain. Signs of rAAA include pulsatile mass in the abdomen and hemodynamic instability. We present a patient with isolated acute testicular pain related to an AAA.

CASE REPORT: A 67-year-old man with a history of hypertension presented to the emergency department with acute left testicular pain. He has a history of hypertension. His tobacco use is 50 pack-year. He was diagnosed with epididymitis and discharged on a 10-day course of ciprofloxacin. According to his family, after three hours patient complained of fatigue, fainted, and stopped breathing. A family member provided Cardiopulmonary resuscitation. When the ambulance arrived, he was conscious, with a blood pressure of 50/30 mmHg and a pulse of 160 beats/min. The patient was admitted to hospital. After fluids and vasopressors administration, blood pressure rose to 120/70. An echocardiogram showed no pericardial tamponade and pulmonary embolism. Doctors noticed an increase in abdominal volume and used abdominal ultrasound that showed an isoechoic fluid collection and a AAA. MSCT aortography confirmed an rAAA. A vascular surgeon was consulted, and the patient was transferred to another hospital, where he underwent surgery.

CONCLUSION: Acute testicular pain in adults with aneurysm risk factors such as smoking and hypertension should alert clinicians to consider the diagnosis of symptomatic or ruptured AAA. Early vascular surgeon consultation in cases of suspicious presentation could be lifesaving.