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Eksternal İliyak Arter Psödoanevrizmasının Mesaneye Fistülü

EXTERNAL ILIAC ARTERY PSEUDOANEURYSM AND VESICAL FISTULA

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Özet

Eksternal iliyak arter anevrizması çok nadir görülen bir patalojidir. Altmışdokuz yaşında kadın hasta aşırı idrar yolu kanaması nedeniyle kliniğimize yatırıldı. Anjiyografisinde sağ eksternal iliyak arterde mesaneye bası yapan anevrizma tespit edildi. Kliniğimizde yapılan sistoskopisinde aktif kanama, batın ultrasonografisi ve bilgisarlı tomografide sağ eksternal iliyak arter anevrizmasının mesaneye bası yaptığı tespit edildi. Hayatı tehdit eden idrar yolu kanamalarında nadir görülen eksternal iliyak arter psödoanevrizmasının mesaneye fistülü ön tanıda düşünülerek cerrahi operasyon acilen uygulanmalıdır.

Anahtar kelimeler: İliyak arter, mesane fistülü, psödoanevrizma

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Summary

Diagnosis of an isolated external iliac artery aneurysm is rendered extremely diffucult. A 69 years old female who had external iliac artery pseudoaneurysm and vesical fistula and who had had progressively symptomatic urinary bleeding was admitted to our clinic. Arteriography revealed an aneurysm of the right external iliac artery with compression of the vesica. Ultrasound and computerised tomography showed right external iliac aneurysm. Cystoscopy revealed active bleeding. Arteriography revealed an aneurysm of the right external iliac artery with compression of the vesica. Patient did well postoperatively and was discharged. We suggest that definitive treatment is open surgery like this life-threatening external iliac artery pseudoaneurysm and vesical fistula.

Keywords: Iliac artery, vesical fistula, pseudoaneurysm

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Introduction

An isolated iliac aneurysm is a rare vascular entity. The true incidence of isolated iliac aneurysm is quite small and has been considered 1.5% of that of an abdominal aortic aneurysm [1]. Diagnosis of an isolated external iliac artery aneurysm is rendered extremely difficult because of its indisious onset and its often deep pelvic location. As these aneurysms enlarge they produce symptoms of compression on the intra-pelvic structures, notably the lumbosacral plexus, urinary bladder, or bowel. Arteriovesical fistulas are rare, but have been reported more commonly over the last decades. Classic treatment is based on open surgery. We report one patient in whom acute life-threatening external iliac artery pseudoaneurysm and vesical fistula was successfully treated with open surgery.

Case Report

A 69 years old female patient developed anaemia with macroscopic haematuria. She had a history of coronary bypass surgery five years ago. Ultrasound showed a right external iliac aneurysm (Figure 1). Computerised tomography (CT) of the abdomen confirmed a right external iliac aneurysm of 7.1 cm in length and 4.2 cm in diameter and an encased right side of vesica (Figure 2). Cystoscopy revealed active bleeding. Arteriography revealed an aneursym of the right external iliac artery with compression of the vesica (Figure 3). At exploration an isolated aneurysm of the right external iliac artery, 7.1 cm in length, and entrapment the right side of vesica and perianeurysmal fibrosis was observed. Aneurysm was not invaded into the right ureter. We resected the aneurysm and aortofemoral bypass graft was placed and the bladder defect was suturated. The right renal function has been stable after the surgery.

Discussion

The incidence of isolated iliac artery aneurysm is 1.5%. Patients with iliac artery aneurysms are most likely to present with urological manifestations [2,3]. Isolated iliac aneurysm often gives rise to urinary tract obstruction. Iliovesical fistula are very rare but have become more common in the last few decades because of a greater prevelance of the factors involved in their etiology (prior pelvic or vascular surgery, pelvic radiotherapy, prolonged uretheric stending, and associated vascular pathology) [4,5].
Most investigations, apart from arteriography, rarely provide specific findings (because of the intermittent nature of the

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Figure 1. Ultrasound showed right external iliac aneurysm.

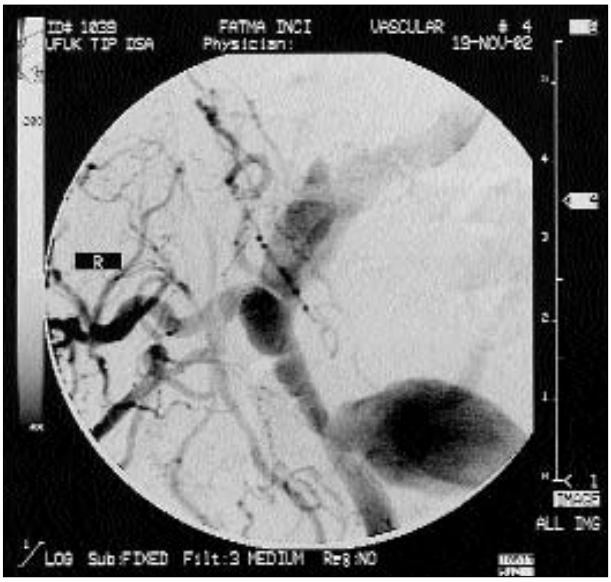

Figure 3. Arteriography revealed an aneurysm of the right external iliac artery with compression of the vesica.

fistula), and the diagnosis depends upon the clinical evidence (ureteric haemorrhage and the presence of predisposing factors). In some cases the definitive diagnosis is made only at the time of surgical exploration. Aneurysms may be more

Figure 2. Right iliac artery aneurysm and encased right side of vesica on computerized tomography.

extensive in the retroperitoneum, resembling idiopatic retroperitoneal fibrosis [2,3].

Surgical management of iliac aneurysms is based on general principles of adequate exposure, isolation of the artery, excision, and interposition of a graft. We resected the aneurysm and aortofemoral bypass graft was placed.

We have reported one patient who underwent successfully repair of external iliac pseudoaneurysm and vesical fistula. We concluded that definitive treatment is based on open surgery.

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