

# Clinical case presentation

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Sardinia

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# Day 1

## 54 - year old male patient

### Symptoms:

- Abdominal pain on the left
- Painkillers had no effect



### History:

- Diabetes
- Hypertension
- Laparotomy

### Physical examination:

- Abdomen was soft, tenderness in the lower part of abdomen

### Laboratory values:

- WBC  **11.9 E9/L** (4,5-11 E9/L)
- CRP  **190 mg/l** ( 5mg/l)

# Day 1

## Abdominal CT-scan

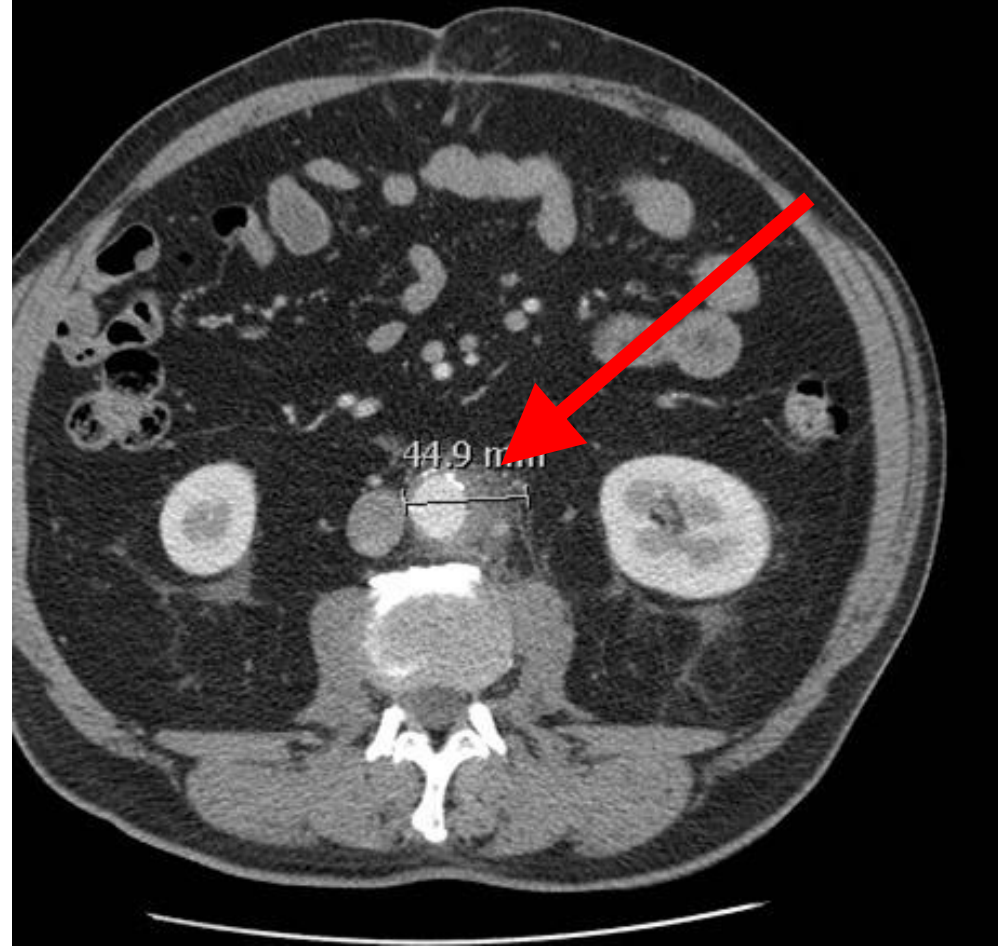
- Soft tissue around the infrarenal abdominal aorta
- Thickening of the abdominal aortic wall
- *A. mesenterica inferior* was invisible
- Diverticulosis of the sigmoid colon
- Inguinal hernia on the left
- L5 spondylosis and spondylolisthesis, L2 old compression fracture

**Admitted to the Infectious Diseases department**

# Differential diagnosis?

- Diverticulitis?
- Kidney stones?
- Cancer?
- Mesenteric thrombosis?
- Strangulation of inguinal hernia?
- Spinal disc herniation?
- Intestinal obstruction?

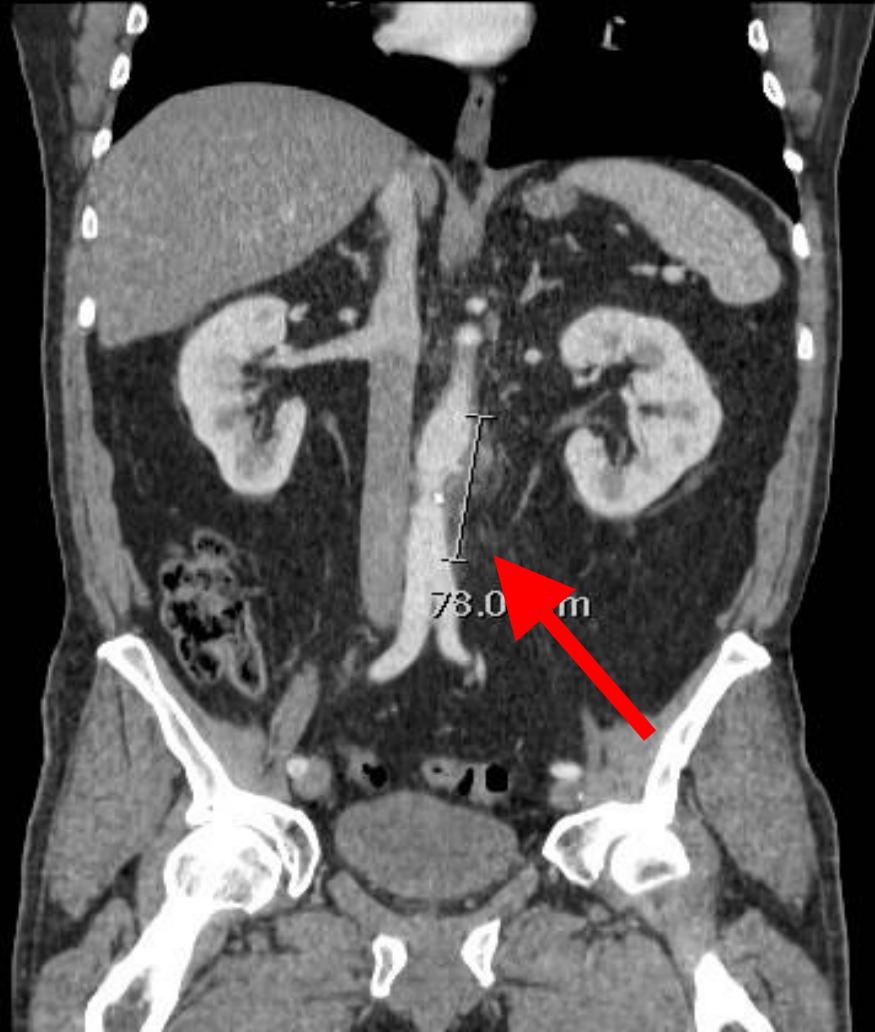
**Day 2**



**CT -scan with no changes**

**Infrarenal periaortic infiltration-  
aortitis and periaortitis**

Day 2



CT- scan

# Day 3

- Additional tests:
  - Large vessel vasculitis?
  - Syphilis
  - Tuberculosis
  - HIV
  - Hepatitis B, Hepatitis C



**NEGATIVE**

# Day 4

- Intensive back pain → MRI-spondylodiscitis?
- Symptoms of peritonitis → **cause?**
  - **Perforation?**
  - **Strangulation of the hernia?**
  - **Ileus?**
  - **Intestinal ischemia?**
- Ultrasound- changes around the aortae

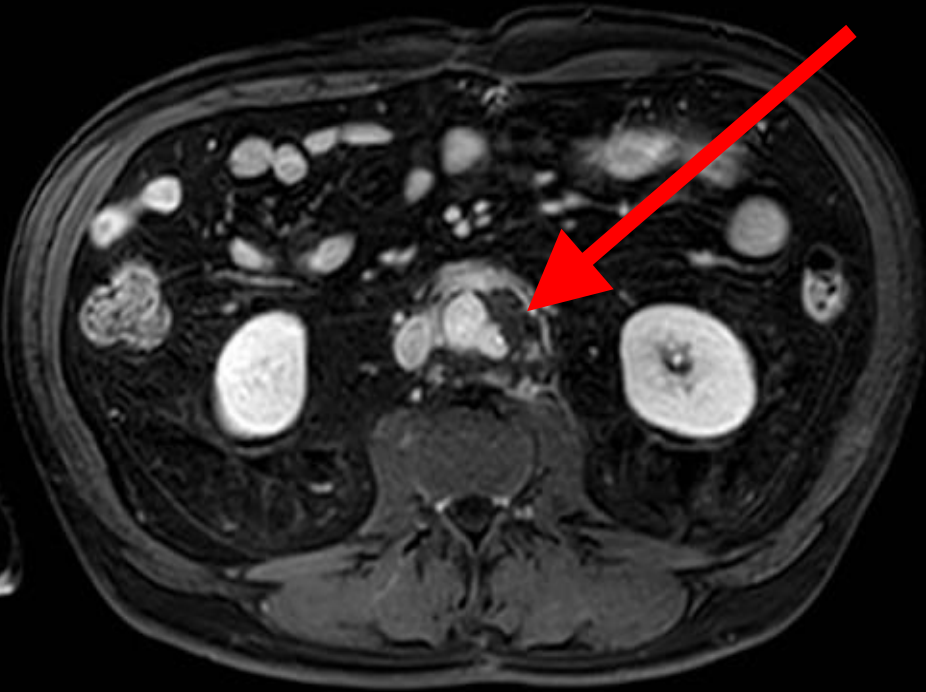


Day 4



MRI

## Day 4



### MRI

- Irregular thickening of the wall of the aorta distal from the kidneys
- The infected wall possibly infiltrated with blood

**Conclusion: Aortitis and periaortitis  
(considering the status and tests it could  
be infectious aortitis)**

## Day 5-9

- Episodes of severe pain
- Temperature normal, hemodynamically stable
- Blood cultures ***S. aureus*** → **i.v oxacillin**
- On the 9th day consilium: infectionist, abdominal surgeon, vascular surgeon, radiologist
- In the morning patient's condition unstable
- Develops shock → resuscitation → *exitus letalis*

# Autopsy

- 3 cm rupture in the wall of the aortae
- Abdominal adhesions
  - 1 cm perforation in the colon descendens wall

## Histology:

- Acute infection
- Gram positive cocci

Blood cultures: ***S.aureus*, MRSA**

# Conclusion

- Infectious aortitis
- Nonspecific symptoms (e.g fever, abdominal pain)
- Diagnosis based on clinical presentation, radiological findings and microbiology tests
- Complications: aneurysm, pseudoaneurysm, rupture
- Treatment: antimicrobial + surgical

