Woman with abdominal pain

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1 | PATIENT PRESENTATION

A 76-year-old woman with an unknown past medical history presented to the emergency department with severe abdominal pain. She had a heart rate of 89 beats/min and a blood pressure of 96/57 mm Hg. A venous blood gas showed a pH of 6.9, and orotracheal intubation was performed for altered mental status. The emergency physician performed point-of-care ultrasound, which revealed an underfilled left ventricle, as well as the following image (Figure 1; Video 1).

2 | DIAGNOSIS

Ruptured abdominal aortic aneurysm. The patient was taken emergently to the operating room by vascular surgery for an open aortic repair. Massive transfusion protocol was initiated in the operating room, including 70 units of packed red blood cells, and was continued in the surgical ICU. On hospital day 3, she suffered a cardiac arrest. Return of spontaneous circulation was obtained, but she remained on high dose vasopressors and inotropes. She progressed to multisystem...

**FIGURE 1** Bedside ultrasonography displays extensive hemoperitoneum and an aneurysmal infrarenal abdominal aorta with extensive intramural hematoma, indicating an aneurysmal abdominal aorta with rupture (TL, true lumen; blue arrow, anterior wall of abdominal aorta; red arrow, posterior wall of abdominal aorta; yellow arrow, anterior aspect of the spine/vertebral body)
FIGURE 2  Computed tomography aortogram confirmed an aortic aneurysm and a large-volume hemoperitoneum consistent with an aortic aneurysm rupture at the infrarenal aorta extending to the bilateral proximal common iliac arteries (blue arrows, anterior wall of the abdominal aorta; red arrows, posterior wall of the abdominal aorta; yellow arrow, anterior aspect of the spine/vertebral body).

organ failure, and her family decided to transition to comfort measures only later that day.

Ruptured abdominal aortic aneurism is a devastating condition, with an ≈53% mortality rate in women and 44% in men, excluding the nearly 60% of patients who die before reaching the ED.1,2 Although most patients with ruptured abdominal aortic aneurysm present with abdominal pain, ~25% of patients will present with non-specific findings.3 Thus, bedside ultrasonography is a paramount and a highly sensitive tool in the timely identification of aneurysm in the unstable patient.4 Definitive management options include open repair or an endovascular approach.5

AUTHOR CONTRIBUTIONS
MH acquired the image. JAM drafted the manuscript and formatted the images. All authors were involved in content editing.

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REFERENCES

SUPPORTING INFORMATION
Additional supporting information may be found online in the Supporting Information section at the end of the article.

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