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).

![Figure 1](image_url)
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

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)

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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