Huge Mycotic Abdominal Aneurysm with Nerve Irritation

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A 101-year-old woman was transferred to our hospital with exaggerated left hip pain that had developed over the previous two months. Non-enhanced abdominal computed tomography (CT) (Picture A) taken on admission showed a tortuous abdominal aortic aneurysm (AAA) together with the isolation of Klebsiella oxytoca from two sets of blood cultures and a urine culture.

On the 10th hospital day, she suddenly complained of severe abdominal pain. Urgent thoracoabdominal enhanced CT showed an enlarged aorta with enhanced thickening of the outer membrane accompanied by a blurred inner membrane (Picture B-D, arrows) generating the inner (Picture B-D, asterisk) and the outer fluid space (Picture B-D, star), which implicated a thrombus and exudative effusion, respectively. She was thus diagnosed with an abdominal mycotic aneurysm caused by K. oxytoca which was located at the level of L2 to L5 with an irritation of the posterior cutaneous nerve of the thigh or sciatic nerve (1, 2).

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References


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