

Massive pulmonary embolism due to inferior vena cava thrombosis related to compression by lumbar artery pseudoaneurysm. A case report and review of literature

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Abstract

Lumbar artery pseudoaneurysm (LAPA) is a pathology infrequently described in the literature. The most frequent complications are the expansion and rupture of the pseudoaneurysm. Pulmonary Embolism (PE) is the third most common cause of death in hospitalized patients. It has an incidence of 39 to 112 per 100,000 habitants. Reports of association between PE with LAPA have not yet been described. We present a 53-year-old male patient with the antecedent of hypertension, blunt abdominal trauma, and chronic lumbar pain for 3 years. Incidental CT - scan showed a retroperitoneal hematoma subsequently, he underwent resection of the retroperitoneal mass and was discharged. 10 days after, he was admitted to our emergency department presenting acute right back pain with irradiation to ipsilateral limb and right abdominal inner quadrant. Abdominal enhanced CT – scan showed right

lumbar artery pseudoaneurysm with a size of 5.5×5cm associated with inferior vena cava compression. On the fourth day of hospitalization, the patient presented acute dyspnea, chest pain, and clouding of consciousness. Pulmonary CT angiography was done showing bilateral pulmonary thromboembolism. Arteriography was performed and corroborated a right lumbar artery pseudoaneurysm. He underwent mechanical thrombectomy and inferior cava vein filter placement associated with embolization of the LAPA. Left partial and total right pulmonary artery mechanical thrombectomy and inferior vein cava filter placement was performed. Selective embolization of the right lumbar artery was performed with two coils and cyanoacrylate. Final arteriography showed the successful exclusion of the pseudoaneurysm. After the embolization, our patient presented no more episodes of additional bleeding. Despite the severe clinical profile, the patient was discharged with a favorable postoperative course without complications.