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Atypical manifestations of ruptured abdominal aortic aneurysms

Sir,

Dr Banerjee rightly drew attention to the diagnostic pitfalls resulting from the gastroenterological presentations of ruptured abdominal aortic aneurysms.¹ Perhaps the most treacherous presentation is that in which a patient with proven peptic ulcer subsequently develops complications from an undiagnosed abdominal aortic aneurysm, the association between peptic ulceration and abdominal aortic aneurysm² probably being the consequence of the fact that the two conditions are each sufficiently common in old age^{3,4} as to co-exist in some individuals by pure chance. This was exemplified by a

patient in the series by Fielding *et al.*⁵ who died from undiagnosed rupture of an infrarenal abdominal aortic aneurysm following emergency operation for a bleeding gastric ulcer. An additional twist to this scenario occurs when the diagnosis of peptic ulceration is unequivocally substantiated (by barium radiography or by endoscopy) in the interval between the 'herald' retroperitoneal bleed of the co-existing abdominal aortic aneurysm and the final, potentially lethal, haemorrhage. Another facet of differential diagnosis which deserves mention is the haematological presentation of ruptured abdominal aortic aneurysm, characterized by disseminated intravascular coagulation.^{6,7} When this occurs in a patient with Cullen's sign the haematological derangements could be falsely attributed to acute pancreatitis, the latter being an acknowledged cause of acute abdominal collapse with coagulopathy.⁸

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