CASE REPORT

TUBERCULOUS ANEURYSM OF DESCENDING AORTA: REPORT A NEW CASE WITH CT ANGIOGRAPHIC APPEARANCE

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ABSTRACT

Tuberculous aortic aneurysm is a rare entity. We made a report of a 76-year-female who was admitted to our hospital with history of one year dysphagia. The patient had no evidence of hypertension, diabetes mellitus or accident and dysphagia gradually progressed during the year being admitted. Leaking descending thoracic aortic aneurysm was shown in patient's thoracic CT scan. After a well through checking and studying of patient past medical history we found that she was hospitalized several years ago for a period of six months, as a result of cough, shortness of breath and has been taking anti TB drugs. The aneurysm was due to TB which manifested as dysphagia. CT angiography with maximum intensity projection (MIP), multiplanar reformation (MPR) and volume rendering (VR) clearly depict the size and extension of aneurysm with its complication and adjacent organ pathology.
Keywords: Tuberculosis, Aneurysm, CT angiogrpahy.

Introduction

Tuberculous aortic aneurysm is a very rare disease.[1] The first report of TB aneurysm was written by Weigert in 1882.[2] In a review of literature by Choudhary et al[3] they found 88 case reports of aortic pseudoaneurysm in the past century. Silbergleit et al[4] in a review of articles found only 51 cases of TB aortic aneurysm. Aortic involvement is more common to be pseudo aneurysm than true aneurysm.[5] Aortic aneurysm are most likely founded in old patient and it is prone to perforation so aortic aneurysm has a high mortality rate.[6] We reported a new case of aortic aneurysm using CT angiography as a modality of choice for detection and estimation of its complication.

Case Report

This was the case of a 76-year-old female admitting to our hospital for one year dysphagia especially to solid food but comfortable for liquids. She had no sign of hoarseness and had only been taking anti dyspeptic drugs for several months. Patient had no evidence of underlying disease such as diabetes mellitus or hypertension or evidence of trauma like car accident. On physical examination there was reduction of breath sounds on left lower hemithorax without any other abnormality. Blood urea nitrogen (BUN) and creatinin (Cr) was mildly elevated. Heart sounds was normal and no other abnormality like organomegaly or lymphadenopathies was detected.

In chest x-ray (CXR) there was a mediastinal mass in left side therefore she sent to barium study. In barium swallow a mass pushing barium column to anterior and right side was seen (Fig. 1A). No mucosal irregularity was evident in barium study which was confirmed by endoscopy suggesting of extramural mass.

Patient was scheduled for CT scan of the thorax (4-slice multi slice CT scanner- GE QX/I medical health care-Milwaukee). In scout view (Fig. 1B) widening of mediastinum is seen. In obtained axial sections a large leaking dissecting aortic aneurysm distal to left

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