# CECAL PERFORATION LEADING TO LUMBAR ARTERY MYCOTIC PSEUDOANEURYSM

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## Purpose:

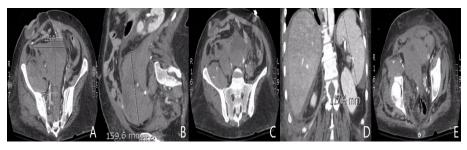
Mycotic pseudoaneurysm (infected pseudoaneurysm) is an infectious arteritis, leading to the destruction of the arterial wall. Up to our knowledge, no case of lumbar artery mycotic pseudoaneurysm, following bowel perforation, has ever been reported in the literature. Only 2 cases of internal iliac artery mycotic pseudoaneurysm, following bowel perforation, have been reported in the literature. We report a case of lumbar and internal iliac arteries pseudoaneurysms following cecal perforation complicating a neglected cecal volvulus.

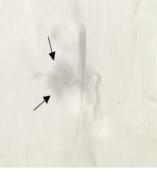
## Material and methods:

A 46-year-old woman with previous history of pulmonary embolism (on enoxaparin) and cecal perforation 5 months prior to this admission, presented to the emergency department with shortness of breath, altered mental status and right lower quadrant abdominal pain of 2 days duration. She was hypotensive, with abdominal skin bruises and abdominal distension. Labs revealed azotemia, lactic acidosis, severe anemia and coagulopathy.

#### Results:

CT scan of the abdomen and pelvis with contrast showed massive retroperitoneal hemorrhage. Abdominopelvic angiography revealed bleeding pseudoaneurysms of the right and left internal iliac arteries and the right 4th lumbar artery. Gelfoam embolization was successfully performed with cessation of bleeding. Past medical history: patient was admitted 5 months ago with bowel obstruction secondary to cecal volvulus, complicated by cecal perforation. Laparotomy revealed copious amount of pus in the abdominopelvic area, abdominal wash of the purulent fluid, diverting ileostomy and cecal repair were done.





### • Conclusions:

Neglected cecal perforation with free pus in abdominopelvic cavity can rarely lead to vascular wall infection of the nearby arteries producing the pseudoaneurysms that can be complicated by massive hemorrhage, in this case, in addition to the iliac arteries, the lumbar artery was also involved, which was not described before in the literature in the setting of bowel perforation.