

### Background

A 90 year old male presented with severe central abdominal pain associated with recurrent episodes of coffee ground vomitus without melena since one day.

He had a background history of transitional carcinoma of urinary bladder which was operated, atrial fibrillation, heart failure and a non-operable abdominal aortic aneurysm under surveillance.

Clinically he was stable with unremarkable observations, and a point of care ultrasound showed an abdominal aortic aneurysm measuring 8.6 cm with an incidental mass in the aneurysmal sac.

### Investigations

An urgent CT aortogram confirmed a large infrarenal abdominal aortic aneurysm measuring 9 cm as well as revealing small bowel herniation into the aneurysmal sac with thrombus formation. (Panel A & B arrows) There was no intra or retroperitoneal haematoma and no aortic-enteric fistula

### Management

This patient was admitted under the vascular team for conservative management. He had no further episodes of haemorrhage and was discharged back to the community for palliative care.

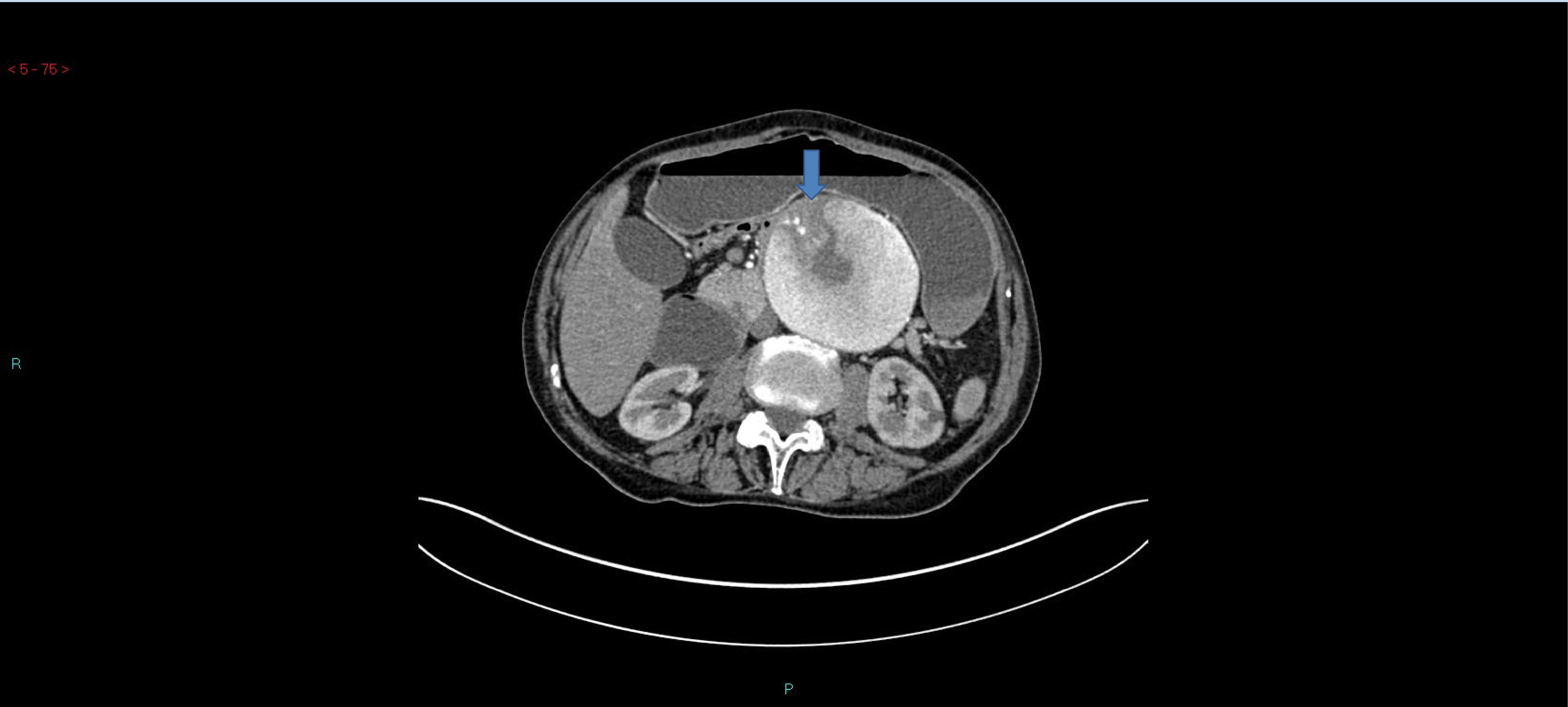
### Follow up

On a surveillance ultrasound scan done 10 months later the aneurysm was measuring 8.34cm with a mobile component.

### Conclusion

This presentation highlights the fact that the bowel can herniate through the aneurysmal sac and act as a plug to prevent a catastrophic event

Panel A



Panel B

