A ruptured left common iliac aneurysm presenting as testicular pain in a 56-year-old man

Ross Dean Dolan,¹ Samer Zino²

¹Department of Vascular Surgery, Stirling Royal Infirmary, Stirling, UK
²The Western Infirmary, Glasgow, UK

Correspondence to

Ross Dean Dolan,
 rdolan@nhs.net

Accepted 25 September 2014

DESCRIPTION

A 56-year-old man with a history of hypertension presented with sudden severe left testicular pain suspected to be testicular torsion. On examination his heart rate was 102 bpm; blood pressure 85/50 mm Hg; testicular examination was normal; the abdomen was soft non-tender with no palpable mass and the left femoral pulse was reduced, not consistent with torsion.

A Focused Assessment with Sonography in Trauma (FAST) scan showed fluid in the abdomen and suggested the presence of an iliac aneurysm. An urgent CT angiogram showed a ruptured isolated 4.8 cm left common iliac artery aneurysm (CIAA; figure 1). The patient underwent emergency laparotomy and a 10 mm Dacron graft interposition graft was successfully inserted between the

left common iliac artery origin and the proximal external iliac artery.

Isolated testicular pain is a rare presentation of a ruptured aneurysm. Moreover, isolated CIAAs (figures 1 and 2), account for <2% of all aneurysms.¹ 61% are asymptomatic requiring conservative management or elective repairs while 39% are classified as symptomatic requiring emergency repair.² This can be performed endovascularly or as an open repair. Elective repairs with physiological maximisation are preferable to surgery on ruptured vessels.¹ Endovascular repairs are less invasive and better suited to patients with comorbidities. However, studies have shown a higher rate of endoleaks and repeat surgery.

Testicular pain is due to compression of the genitofemoral nerve and can be mistaken for testicular torsion.³ A palpable mass is often not detected and should as such be considered in a patient with testicular pain and haemodynamic instability aneurysms.

Figure 1 CT angiogram showing ruptured left common iliac artery aneurysm with extravasation of contrast.

Figure 2 Coronal CT showing the aneurysmal rupture in a different plane with extravasation of contrast also being present.

Learning points

- ▶ Isolated common iliac artery aneurysm can present with features of compression on the nerve supply to the testicle producing pain or unilateral leg swelling from iliac vein compression. This can be mistaken for a possible testicular torsion.
- ▶ Haemodynamic instability should alert clinicians to a ruptured aneurysm.
- ▶ A palpable expansile mass may not be apparent and its absence should not be used to exclude diagnosis of an iliac or aortic aneurysm: urgent imaging is essential for diagnosis and planning appropriate management.

Contributors RDD was involved in the initial assessment of the patient; SZ was the overseeing registrar and helped with the case write up.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES

- 1 Buckley CJ, Buckley SD. Technical tips for endovascular repair of common iliac artery aneurysms. *Semin Vasc Surg* 2008;21:31–4.
- 2 Reber PU, Brunner K, Hakki H, et al. [Incidence, classification and therapy of isolated pelvic artery aneurysm]. *Chirurg* 2001;72:419–24.
- 3 Mohan SR, Grimley RP. Common iliac artery aneurysm presenting as acute sciatic nerve compression. *Postgrad Med J* 1987;63: 903–4.

To cite: Dolan RD, Zino S. *BMJ Case Rep* Published online: [please include Day Month Year] doi:10.1136/bcr-2012-006568

Copyright 2014 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <http://group.bmj.com/group/rights-licensing/permissions>.
BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact consortiasales@bmjgroup.com

Visit casereports.bmj.com for more articles like this and to become a Fellow