CARDIOVASCULAR FLASHLIGHT

A monstrous aneurysm of the descending aorta as a sole manifestation of tertiary syphilis treated endovascularly

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In May 2010, a 65-year-old female went to her family doctor complaining about persistent epigastric discomfort and back pain. X-rays were done and surprisingly showed a widened mediastinum. Suspecting an aortic aneurysm as a rare cause for the patient’s epigastric and back-pain symptoms, an angio-CT was performed. The CT revealed a monstrous aneurysm of the thoracic descending aorta with thickened wall and intraluminal thrombotic bedding, compressing the oesophagus and the heart (Panel A).

The patient was then referred to our university interdisciplinary clinic for aortic disease. On evaluation in our institution, the patient confirmed the earlier symptoms. She denied a family history of aortic disease and had not experienced symptoms of arteritis. To exclude active vasculitis, a PET-CT was done, which did not show any enhanced uptake denoting any inflammatory activity (Panel B). The serological tests, performed to reveal the underlying pathology, surprisingly revealed positive Treponema pallidum haemagglutination assay (TPHA) and Venereal Disease Research Laboratory (VDRL) tests, as well as a positive Syphilis-Titre (IgG positive, IgM negative) which led to the diagnosis of late latent syphilis with syphilitic aortitis. After confirmation of diagnosis, the patient received intravenous penicillin therapy for 3 weeks. Based on the general condition of the patient and the high risk of an operative intervention on an aneurysmatic descending aorta of that size, the aneurysm was successfully treated by endovascular stenting of the descending aorta with excellent results (Panels C and D). The patient recovered fully, and went home symptom free with a successfully treated aneurysmatic aorta.

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