

RECOVERY ASPECTS IN A CASE OF SIMPLE SPASTIC PARAPERESIS WITH A T11 NEUROLOGICAL LEVEL, ACUTE POSTISCHEMIA DUE TO A HEMORRHAGIC SHOCK THROUGH AN AORTO-SIGMOID FISTULA AND COMMUNICATIVE ANASTOMOTIC PSEUDOANEURYSM

Mihaela MANDU¹, Cristinel Dumitru BADIU^{1,2}, Doroteea TEOIBAS^{1,2}, Raluca PETCU¹, Anca CHIRALIDIS¹,
Andreea IONITA¹, Mihai BAILA¹, Carmen CIOTEC¹, Razvan OPREA¹, Gelu ONOSE^{1,2}

1. “Bagdasar Arseni” Emergency Clinical Hospital, Bucharest

2. “Carol Davila” University of Medicine and Pharmacy, Bucharest

Corresponding author: Mihaela MANDU, MD, E-mail: mihaelamandu37@yahoo.com

Abstract

Introduction: The pseudo aneurysm is an accumulation of blood between the muscle and the adventitia of an artery, while a genuine aneurysm is “a permanent and localized dilation which determines an increase of more than 50% in the normal diameter of the respective vessel” [1], [2]. Aneurysms are more common in the aorta and most frequently occur in male patients aged between 65-85 years, representing 1-3% of the total death causes in this group of age. [3], [4]. The aortoenteric fistula is a rare cause of massive gastrointestinal bleeding which might have catastrophic consequences due to the determined hemorrhagic shock, most of such fistulae leading to the death of the patient. [5], [6]. There may be medullar ischemia due to the massive blood loss, which may be presented through a wide range of clinical manifestations: pain, motor deficit, and sometimes the impairment of sphincter control. **Material and methods:** The paper presents the case of a 53-year old patient with common spastic paraparesis, AIS/Frankel D-E with a T11 neurologic level, acute post-ischemia due to a hemorrhagic shock (see below) – with the approval of the Bioethics Committee of “Bagdasar Arseni” Emergency Clinical Hospital, Bucharest (No.9181/11.04.2018). The patient was diagnosed in 2017 with ruptured right iliac aneurysm which required surgery. A right iliac exograft was inserted, which later became infected, thus requiring multiple surgical interventions, the patient remaining a chronic carrier of Enterococcus Faecium. Subsequently, a non-infected pseudo aneurysm appeared at the level of the right iliac blunt, followed by a surgical intervention with the resection of the aortic bifurcation and a left aortic-iliac prosthetic bypass. In January 2018, the patient presented himself with an emergency to the hospital, with a hemorrhagic shock. He was diagnosed with anastomotic pseudo aneurysm which communicated through a very long path with a fistula at the level of the sigma, showing small amounts of a periprosthetic collection with purulent aspect. Surgery is reinitiated by insertion of an axillo-bifemoral bypass and Hartman resection with colostomy. Another important element in the pathological history of the patient is operated pulmonary neoplasm with hepatic and bone metastases. The patient was clinically and functionally evaluated, according the standardized protocols implemented in our clinic, through the assessment scales (AIS, FIM, QoL-Quality of Life, Asworth, Penn, FAC, WISCI II) and also paraclinically, in order to evaluate his biological reserve and his bearing availability of the recovery program. **Results:** Following a complex neuro-recovery program developed by a multidisciplinary team made of doctors, kinesiotherapists, middle and allied health personnel, the patient presented a slowly favorable evolution (slowed down by his multiple above mentioned comorbidities) from an algo-dysfunctional point of view, with the improvement of the walking program and the increase of muscle force and individual autonomy. **Conclusions:** Although aortic aneurysms are common between ages 65-85, they can also occur at younger ages. The aortoenteric fistula is a rare cause of massive gastrointestinal bleeding, many of which lead to the death of the patient long before he comes to the doctor. Although medullar ischemia can cause paraparetic neurological deficit, it can be corrected through a complex recovery program.

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