A Vertebral Bite by an Aneurysm

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The clinician must keep in mind that vertebral pain with osteolysis can be secondary to chronic rupture of an aorta aneurysm^{1,2,3}.

A 73-year-old man with a history of an aortic prosthesis for an abdominal aorta aneurysm, a prostatic resection, and a cataract, presented in the emergency service for abdominal pain and high, right lumbar pain. There were no triggering factors and examination showed no spinal or neurological signs. Biological tests showed only elevated C-reactive protein (4 mg/dl) without hyperleukosis and normal procalcitonin. Blood cultures were all sterile. Computed tomography examination showed a voluminous abdominal aorta aneurysm with osteolysis of L1 (Figure 1). The anterior part of the L1 vertebral body was affected by the aneurysm and there was a mass in proximity with the posterior part of the aneurysm that infiltrated the vertebral body. This mass was

the result of a chronic rupture of the aneurysm corresponding to a hematoma infiltrating the bone. Management was limited to symptomatic treatment because of excessive surgical risks. To date the patient remains well.

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Figure 1. Computed tomographic scan showing a voluminous abdominal aorta aneurysm, with osteolysis of the anterior part of L1 secondary to a hematoma infiltrating the bone in a context of chronic rupture.