

## **CASE REPORT OF AN ELECTIVE GIANT INFLAMMATORY ABDOMINAL AORTIC ANEURYSM REPAIR**

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A 78 year old male patient underwent repair of the largest (AP diameter 16.0 cms) reported unruptured inflammatory abdominal aortic aneurysm (IAAA) with left ureteral obstruction.

Our patient presented to Urology Clinic with history of haematuria and renal colic. Examination revealed a large pulsatile mass. Subsequent investigations revealed an IAAA which measured 13.5 cms. Despite advice and counselling for repair of his IAAA, patient refused surgery. However, he presented for an elective repair, a year following his initial presentation.

In this case report, we intend to review literature and focus on our management plans on

- Incidence, progression, rate of rupture and mortality of IAAA repair
- Anaesthetic management of this patient
  1. Measures to Obtain stress response
  2. Oesophageal Doppler monitoring and its usefulness during clamp and immediate post clamp period.
  3. The critical role played by cell salvage in assisting surgeons in their alternate surgical approach which could have otherwise resulted in massive blood loss.
  4. Role of cell salvage in avoiding homologous blood transfusion.
  5. Coagulative dysfunctions in IAAA and its management.
  6. Pain relief