

Clinical Image

Aortic Pseudoaneurysm: Tumor? Igg Related Disorder? Infection?

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A 67-year-old man presented with 5-month fatigue and weight loss. He also had constipation and persistent abdominal pain two weeks before hospitalization. A blood test showed an ESR of 34mm/hour, CRP of 36.8mg/L, and a white cell count of 3600/mm³ with 84.3% neutrophils. A decreased density mass wrapping the lower abdominal aorta on the left was noticed by enhanced CT scan, 42*27mm in size with uneven enhancement (Panel A). Two weeks later, the mass aggressively developed into a size of 43*56mm with an aneurysmal protrusion (Panel B). He was suspected of IgG4 related disorder, tumors such as sarcoma, and infection [1-3]. Tracing back his history, he used to work on the farm of Inner Mongolia, where is the endemic area for human brucellosis in China [4]. Finally, brucellosis infection was confirmed by serology, sample smear microscopy, fluid culture, and metagenomics sequencing after a CT guided puncture. Now the patient was discharged with a prescription of 6-week antibiotics and waiting for further assessments. Human brucellosis has a broad spectrum of clinical manifestations, which ranges from subclinical infection to a full-blown clinical picture with

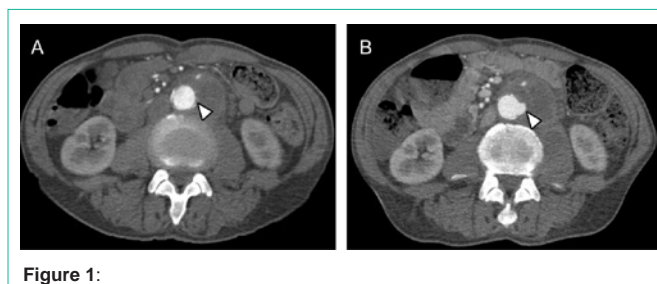


Figure 1:

an emphasis on muscular pain and night sweats [3]. Aorta wrapping brucellosis mass is a very rare complication [5,6] (Figure 1).

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