**Introduction**
A pseudoaneurysm off of the abdominal aorta is an extremely rare, yet potentially fatal, diagnosis following trauma to the abdomen. This case describes a delayed complication following spinal surgery.

**Patient Description**
A 49 year old female patient presents with back pain and a pulsatile mass in her abdomen five years after spinal surgery following a motor vehicle accident. CT scan of the abdomen and pelvis demonstrated an abdominal aorta infrarenal pseudoaneurysm.

**Discussion**
The patient’s physicians suspect that a surgical screw, inserted into the patient’s spine five years prior, injured the distal aorta, eventually producing a pseudoaneurysm. A pseudoaneurysm is a contained perforation of a vessel following trauma to the vessel. A pseudoaneurysm off of the abdominal aorta is an extremely rare diagnosis and is only seen in about 0.05% of cases of trauma to the abdomen. More common post-traumatic injuries to the aorta are frank rupture or dissection. Surgery, or more recently, endovascular surgery is performed to treat aortic pseudoaneurysm due to its 100% mortality rate if it ruptures.

**Methods**
Duplex ultrasound was performed to confirm the abdominal infrarenal pseudoaneurysm previously seen on CT scan. Color Doppler images, along with measurements, of the abdominal aorta were taken from the proximal aorta through the iliac bifurcation in both sagittal and transverse planes. Waveforms were obtained in the aorta and pseudoaneurysm neck.

**Results**
There was no abdominal aortic aneurysm. Ultrasound confirmed arterial flow outside of the distal aorta. The lumen of the pseudoaneurysm measured 1.31 x 1.4 cm. There was no defined neck between the aorta and the pseudoaneurysm. To-fro flow was not seen likely due to the short neck. There was successful repair of the aorta via placement of an endovascular graft.

**Acknowledgements**
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**Sources**