

Chronic Disseminated Intravascular Coagulation Associated with Abdominal Aortic Aneurysm

Key words: disseminated intravascular coagulation, abdominal aortic aneurysm



Figure 1. Right leg showing massive subcutaneous hemorrhage.



Figure 2. Enhanced computed tomography scan showing abdominal aortic aneurysm with mural thrombus.

An 81-year-old man was referred to us with a 2-month history of ecchymoses and petechiae on the right thigh. On admission, he was found to have extensive subcutaneous hemorrhage on the right thigh and lower leg (Fig. 1). Laboratory examination revealed erythrocyte sedimentation rate 3 mm/h, hemoglobin 10.2 g/dl, leukocyte count 5,300/mm³ with a normal differential, platelet count 53,000/mm³, fibrinogen 94 mg/dl, fibrinogen degradation products 40 µg/dl, lactic dehydrogenase 545 IU/l, blood urea nitrogen 43 mg/dl, and creatinine 1.9 mg/dl. Enhanced computed tomography of the abdomen demonstrated an infrarenal abdominal aortic aneurysm, 7 cm in diameter, with three layers of high density lumen, low density thrombus, and isodensity wall (Fig. 2). There was no evidence of malignancy in the lungs, upper gastrointestinal tract, prostate, or bone marrow. Thus, the aneurysmal aorta was the primary site of chronic consumption of coagulation factors and platelets. The patient was considered unfit for surgical repair and was treated initially with heparin and gabexate mesilate and later with warfarin. However, both the coagulation test results and hemorrhagic skin lesions showed little improvement, and there was progression of renal failure. He died with anuria 3 months after admission. Chronic disseminated intravascular coagulation is a rare (about 5%) complication of aortic aneurysm and aortic dissection. Elderly patients presenting with an inexplicable hemorrhagic diathesis should be examined for the presence of an anomalous aorta.

Isao MIYOSHI, Masanori DAIBATA and Hirokuni TAGUCHI

From the Department of Hematology and Respiratory Medicine, Kochi University School of Medicine, Kochi

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Reprint requests should be addressed to Dr. Masanori Daibata, the Department of Hematology and Respiratory Medicine, Kochi University School of Medicine, Kochi 783-8505