

Acquired coarctation of abdominal aorta by hydatid disease

I-Chin Lee, Qian Lu

Hepato-Pancreato-Biliary Center, Beijing Tsinghua Changgung Hospital, School of Clinical Medicine, Tsinghua University, Beijing, China

Correspondence to: Qian Lu, MD, PhD. Hepato-Pancreato-Biliary Center, Beijing Tsinghua Changgung Hospital, School of Clinical Medicine, Tsinghua University, No. 168, Li-Tang Road, Beijing 102218, China. Email: luqianbtch@163.com.

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A 45-year-old woman presented to the hospital with severe back pain, inability to stand, and increased blood pressure for 4 months. She had been diagnosed with hepatic hydatid disease 4 years ago but refused any treatment. Physical examination revealed an upper limb blood pressure of 199/104 mmHg, compared to the lower limb's 113/80 mmHg. CT scans discovered a large hilar mass involved in the abdominal aorta (Panel 1A), pathologic fractures of the T12–L2 vertebras (Panel 1B), and the coarctation of abdominal aorta at the L1 vertebral level (Panel 1C). The patient was treated with Urapidil and Nifedipine for hypertension and Albendazole for hydatid disease. After the blood pressure was controlled at 150/100 mmHg, the patient underwent laminectomy and fusion. Pathological examination confirmed alveolar echinococcosis (AE). The patient was able to walk 3 months after the surgery but died 1 year after the presentation due to disease progression.

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Footnote

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