PNEC Case Presentation

Amy H. Coulter, MD
EvergreenHealth Medical Center
Kirkland, WA
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DISCLOSURE Amy H. Coulter, MD

No relevant financial relationship reported



History of present illness

- presented to ER with 12 hour history of worsening right-sided flank pain
- acute onset after having a BM and was so severe that patient lay on the floor for several hours until a friend could come and help him up
- prior to onset of pain, patient was in his usual state of health
- recently completed a course of antibiotics and presently on a steroid taper for COPD exacerbation

Past medical history

- severe COPD on 3L home O2
- morbid obesity
- atrial fibrillation on Coumadin
- CVA
- CAD
- HTN
- low back pain
- DM

Past surgical history

- EVAR for ruptured AAA in 2007
- multiple ventral hernia repairs

Vitals

Afebrile, HR 84, BP 93/57, O2 Sat 94% on 3L NC

Physical Exam

- Awake and alert, cognitively intact
- In atrial fibrillation
- Bilateral wheezing
- Well-healed midline laparotomy
- RLQ and R flank tenderness, no peritonitis
- Palpable femoral pulses bilaterally

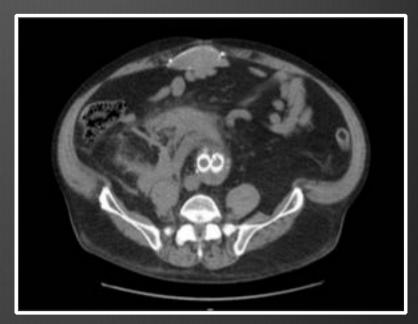


135	98	>40
5.1	27	2.0

INR 3.2

Noncontrast CT





Comparison to prior





10/2017 5/2018





10/2017

5/2018

What would you do?

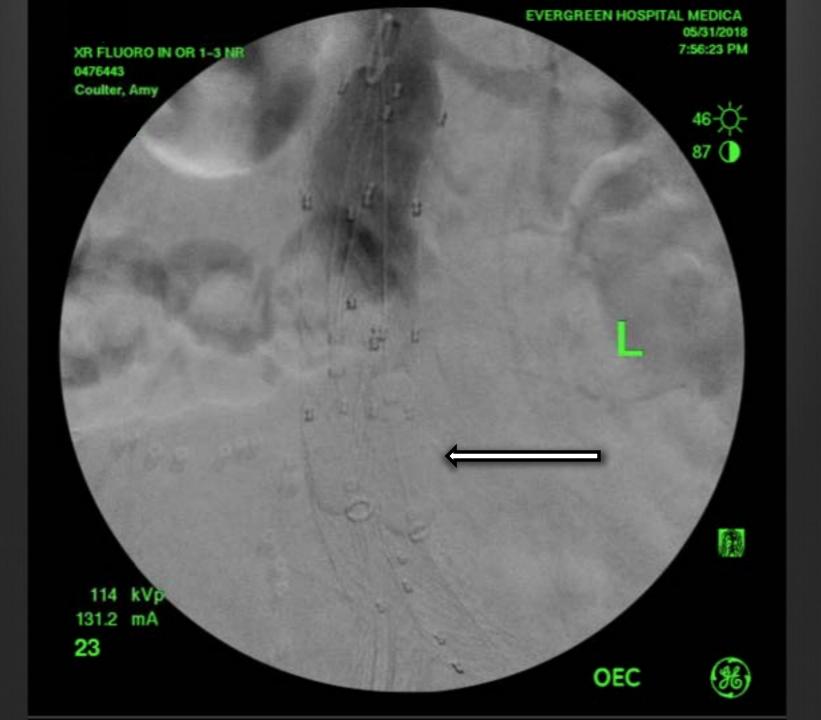
Operative course

- Taken emergently to OR
- Case done under MAC with local anesthesia
- Percutaneous access of bilateral common femoral arteries accessed with ultrasound
- Diagnostic angiography performed









Additional thoughts?

Operative course

- Decision to make to reline for possible Type IV endoleak
- Aorta measured 27mm at the renals on CT
- Endograft relined with GORE Excluder
 - Proximal aortic cuff x2 (32 x 4.5)
 - Right iliac limb 14.5 x 14
 - Left iliac limb 16 x 14



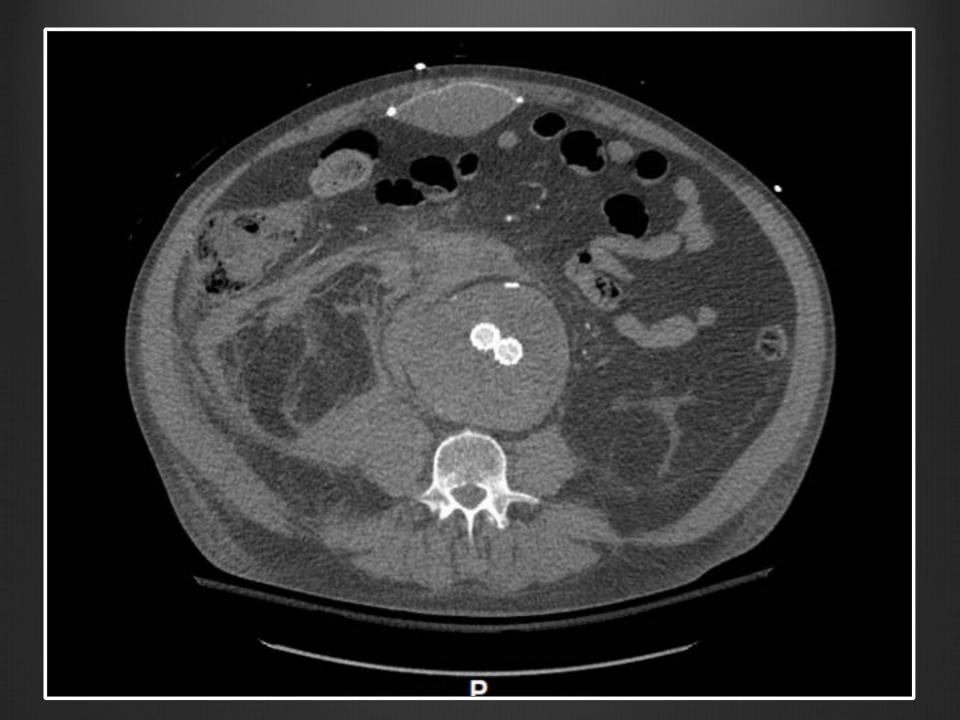
Postoperative course

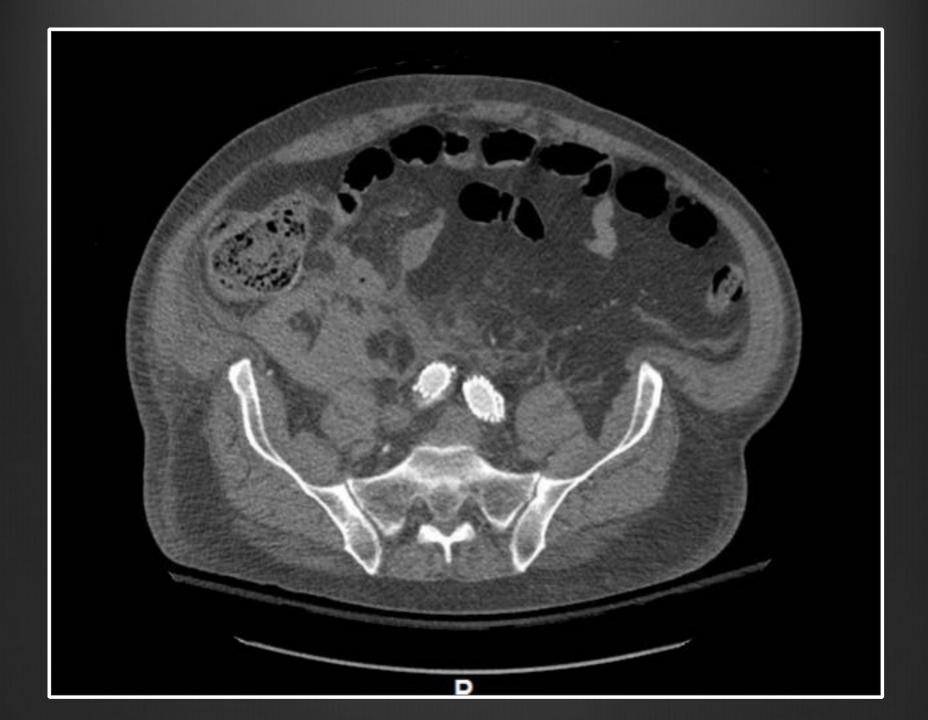
Patient admitted postoperatively to ICU, initially stable

POD #3

- acute episode of increased flank and pain
- HR 120s, BP 65/45
- Hct 26
- Transferred back to ICU
- CTA performed



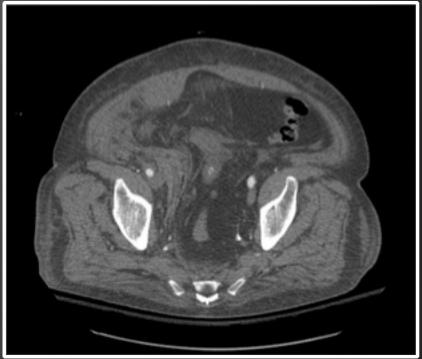












Postoperative course

- Patient transfused 3 units PRBCs
- Hemodynamic improvement with transfusion
- Observed with serial Hct
- No further events
- Discharged to SNF on POD #7

Thank you