

## THE BOY WHO REALLY CRIED WOLF

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### Introduction

Renal colic is a common urological emergency presenting with flank pain. Infrarenal abdominal aortic aneurysm (IAAA) is a rare condition with high mortality risk, which has similar presentation, thus it is a common mimicker of renal colic.

### Case Description

A 51-year-old gentleman who had renal stone presented with a 2-day history of left loin-to-groin pain. He has visited 2 other emergency departments earlier and was discharged after intramuscular analgesia. Symptoms persisted despite being on regular oral analgesia. Examination on arrival noted pain score of 8, blood pressure 147/99 mmHg, pulse rate 89/min and tenderness over left lumbar, left iliac fossa and suprapubic regions. Bilateral femoral, popliteal, *dorsalis pedis* and *posterior tibialis* pulses were weak. His urinalysis was 1+ for blood. Point-of-care ultrasound (POCUS) revealed an enlarged abdominal aorta measuring 7.6cm x 7.5cm with surrounding free fluid and haematoma. Intravenous (IV) morphine and Labetalol were administered, aiming to maintain systolic blood pressure <120 mmHg. Computed tomography angiogram (CTA) of aorta showed fusiform IAAA with large paraaortic haematoma. The widest diameter was 8.2cm(AP)x8.2cm(W)x12.4 cm(4 vertebral body height), with an intimal flap suggestive of dissection. Bedside Doppler noted biphasic waveforms in bilateral *dorsalis pedis* and *posterior tibialis* arteries. Patient was then referred to the Vascular team for surgical intervention.

### Discussion

Renal colic accounts for >20% of misdiagnosed IAAA cases. The presence of severe abdominal pain and microscopic haematuria often lead to a misdiagnosis of renal colic. Clinicians should not ignore a new or worsening pain as it may indicate a rapidly-expanding IAAA or impending rupture. POCUS is a quick and effective bedside diagnostic tool in evaluating the abdominal aorta. It has a sensitivity of 95% and a near 100% specificity in identifying AAA. However, CTA is more superior to ultrasound in determining positional correlation of AAA and its adjacent structures.

### Conclusion

Due to non-specific presentations, IAAA remains a diagnostic challenge. Ruptured IAAA is potentially lethal and should be one of the differential diagnosis in patients with severe and persistent renal colic in the absence of significant clinical findings.

### Keywords

Renal colic, abdominal aortic aneurysm, infrarenal abdominal aortic aneurysm