Abdominal Aorta Thrombosis Presenting as Headache
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Citation

Abstract
Headache is an unusual form of presentation for underlying aortic thrombosis. Thrombosis of the abdominal aorta usually presents with vascular compromise of the lower limbs and presentation, as headache has never been reported. A high index of suspicion and adequate clinical acumen is needed in such cases.

CASE REPORT
We report an unusual case of thrombosis of abdominal aorta that presented as headache. Headache is an unusual form of presentation for underlying aortic thrombosis. This 44-year-old non-hypertensive, non-diabetic, non-smoker, average built man sustained minor blunt trauma to abdomen two months ago and was asymptomatic for next one and half month. He presented with sub acute headache of two weeks duration. On admission, patient had blood pressure 240/130mmHg. Fundus examination revealed grade-IV papilloedema with soft exudates and retinal hemorrhages (Figure-1).

Figure 1
No other focal neurological deficit was detected. To rule out the possibility of space occupying lesion, CT scan of brain was done and curiously it was normal. Aortic bruit was heard on auscultation. CT Angiography of aorta an intraluminal thrombus with complete occlusion of blood flow involving lower abdominal aorta from the level of origin of renal artery up to its bifurcation and extending into bilateral common iliac arteries.(Figure:2)

Figure 2
No flow was seen in left renal artery. The angiographic findings also show the development of sufficient collaterals. The renal functions and other investigations related to hypertension were also within normal limits. Patient was given anti-hypertensive drugs and headache was relieved with control of blood pressure. For further treatment patient was referred to cardio thoracic surgeon. The development of malignant hypertension and secondary papilloedema was probably due to sudden renal compromise and the normal renal functions may be explained due to development of sufficient collaterals. Thrombosis of the abdominal aorta usually presents with vascular compromise of the lower limbs and presentation, as headache has never been reported. A high index of suspicion and adequate clinical acumen is needed in such cases.
References
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