

# Clinical Reminder

## Large bowel obstruction: a case of uncommon aetiology of a frequent condition

Mechanical bowel obstruction is a common emergency with an incidence and mortality that increases with age [1]. The diagnosis can be challenging and is often delayed in older patients presenting with more nonspecific symptoms.

An 86-year-old man presented with a tender abdomen and signs of haemodynamic shock. An abdominal computed tomography scan showed a 15 × 10.7 cm partially thrombosed right internal iliac artery aneurysm that compressed the sigmoid colon with upstream colonic dilatation (Figure 1). Adjacent local fat infiltration with blood was considered suspicious for impending rupture and, in addition to mechanical obstruction, there was a probable component of functional ileus.

Vascular aetiologies of bowel obstruction are uncommon, but carry higher complication and mortality rates [2]. Clinicians should be aware that giant arterial aneurysms are rare but are among the possible causes of mechanical ileus necessitating early imaging and prompt diagnosis to avoid fatal outcome.

### Key Points

- In older patients, mechanical intestinal obstruction has increasing frequency and mortality.
- Diagnosis can be delayed in this patient group due to unspecific symptoms.
- Vascular aetiologies are rare, but confer a worse prognosis.
- A high index of suspicion and early imaging avoid delays in diagnosis and treatment.

### Conflict of interest

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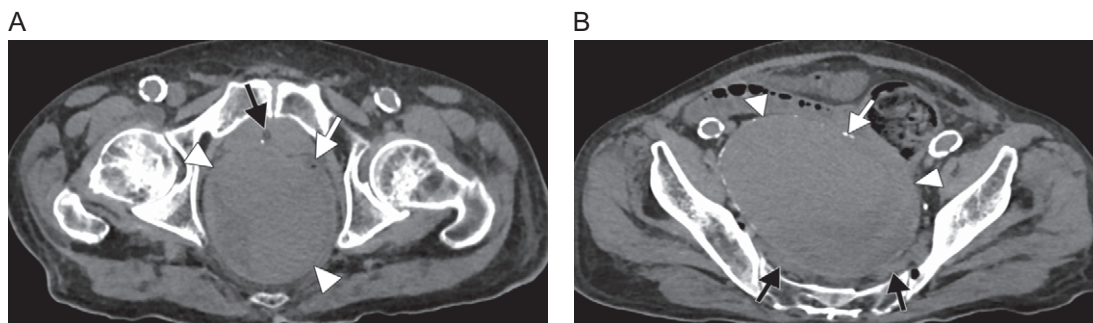
None.

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**Figure 1.** Axial images of non-contrast-enhanced abdominal computed tomography scan. (A), image at lower pelvic level shows giant aneurysm with heterogeneous content (arrowheads) near the pelvic outlet, compressing sigmoid colon (white arrow). Note urinary catheter (black arrow) in the bladder. (B), axial image at a more cranial level shows fat infiltration (black arrows) posterior to giant aneurysm (arrowheads), suspicious of impending rupture. Note aneurysm wall calcifications (white arrow).