



Diagnóstico Diferencial

Diagnóstico Diferencial

- 30 percent of the time a ruptured AAA is misdiagnosed as:
- Cólico renal, perforación visceral, diverticulitis, hemorragia gastrointestinal e isquemia intestinal.

Azhar B, Patel SR, Holt PJ, et al. Misdiagnosis of ruptured abdominal aortic aneurysm: systematic review and meta-analysis. *J Endovasc Ther* 2014; 21:568.

Fink HA, Lederle FA, Roth CS, Bowles CA, Nelson DB, Haas MA (2000)
The accuracy of physical examination to detect abdominal aortic aneurysm.
Arch Intern Med. 160(6):833.

Marston, W. A., Ahlquist, R., Johnson, G., & Meyer, A. A. (1992).
Misdiagnosis of ruptured abdominal aortic aneurysms.
Journal of vascular surgery, 16(1), 17-22.

Kiell CS, Ernst CB. Advances in management of abdominal aortic aneurysm. *Adv Surg* 1993; 26:73.

Tsai YW, Blodgett JB, Wilson GS, et al. Ruptured abdominal aortic aneurysm. Pathognomonic triad.
Vasc Surg 1973; 7:232.

Rinckenbach S, Albertini JN, Thaveau F, et al. Prehospital treatment of infrarenal ruptured abdominal aortic aneurysms: a multicentric analysis. *Ann Vasc Surg* 2010; 24:308.

Assar AN, Zarins CK. Ruptured abdominal aortic aneurysm: a surgical emergency with many clinical presentations. *Postgrad Med J* 2009; 85:268.

GRACIAS

Elvira Couto Jaime
R2 MFyC Ud Clinic-Maternitat
ecouto@clinic.cat

CLÍNICA
BARCELONA
Hospital Universitari

