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LETTER TO THE EDITOR - REPLIES

Re: "Abdominal aortic aneurysm causing lumbar vertebral erosion in Behcet's disease presenting by low back pain"

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To Editor,

Orücü et al. [1] reported, in their recent article, an interesting clinical case on a 55-year-old male with a diagnosis of Behcet's disease (BD) with low back pain that had persisted for 2 years. Further examination with magnetic resonance imaging and computed tomography angiography revealed two saccular chronic contained rupture (CCR) of infrarenal abdominal aorta aneurysms (AAA) with erosion of L3 vertebra body extensively and anterosuperior margin of L4 vertebra body. The patient was treated with the combination of glucocorticoid and immunosuppressive agent prior to vascular intervention and successive endovascular aortic repair. The author concludes that vertebral erosion due to aortic aneurysms is rarely reported; it should be remembered among the causes of low back pain in BD patients.

The classical triad of abdominal (or back) pain, shock, and pulsatile mass is not always present in case of CCR of AAA. The overall rate of CCR-AAA reported in literature ranges from 3.3 to 35 %. Vertebral erosion (VE) is rarely associated with aortic chronic rupture, and is even more infrequent in case of nonruptured AAA. In our systematic review of the literature [2], other pathological conditions related to AAA and VE were history of previous abdominal aortic graft replacement (16.7 %), Behcet's disease (9.5 %), skeletal disorders as Forestier disease or osteoporosis (4.8 %) and vertebral chondrosarcoma (2.4 %). The lower back pain of diverse gravity and duration was the most prevalent symptom [3].

We agree with the authors that it is important to discriminate infected aneurysms because the vascular prosthesis implant and inappropriate administration of immunosuppressing agents are deleterious. In our opinion, the aneurysm and vertebral erosion morphology are not sufficient to distinguish infected aneurysm or a possible spondylodiscitis [4–6].

Do you consider that further laboratory or instrumental test was needed?

References

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