OBJECTIVES: Intestinal obstruction is the partial or total blockage of the passage of the gastrointestinal system fluid. Intestinal obstructions can be classified as mechanical intestinal obstructions, paralytic ileus and intestinal pseudo-obstructions. The characteristic signs and the symptoms of intestinal obstruction are abdominal pain, distension, obstipation and vomiting. Hemodynamic stability is the main principle of the treatment. Oral feeding should be stopped. Nasogastric decompression and fluid resuscitation are the other important steps of treatment. Early surgery is generally necessary for the treatment of mechanical intestinal obstructions; but paralytic ileus and intestinal pseudo-obstruction generally can not be treated by surgery. Obstruction due to vascular causes are rare in the literature, there is no clear data on the incidence.

CASE: 88-year-old male patient was admitted to our emergency department with complaints with severe diffuse abdominal pain, vomiting, constipation continued for 2 days. On examination, there was abdominal tenderness. Rebound and defense did not. He has known any disease, except hypertension. Physical examination was unremarkable, the general condition was good. Blood pressure 150/90 mmHg, body temperature 37.2, heart rate: 102/dk, respiratory rate 16, GCS: 15. Laboratory tests: WBC 14,900 / ul, CRP: 97.8 g / dl, in the patient's abdominal directly radiography had air-fluid levels. In contrast-enhanced abdominal computed tomography in patients; the abdominal aorta, in the infrarenal area, after starting renal artery ostia of level 4 cm, 13 cm long, 10.1 cm, measured at the widest transverse diameter of mural thrombus containing intense abdominal aortic aneurysm was detected. The image associated with Abdominal aortic aneurysm had compressed of duodenum. In the patient aneurysm was thought to be intestinal obstruction. The patient was treated conservatively. Surgery said high risk for cardiovascular surgery, after that the patient's relatives had left the emergency at his own request.

CONCLUSION: Intestinal obstruction therapy is based for the treatment of the underlying condition. As in our case induced vascular obstructions did not have a clear treatment scheme, emergency surgery for aneurysm treatment is not planned in conjunction with oral intake gastric drainage be provided with a nasogastric tube, to suppress inflammation giving proton pump inhibitor in the definitive treatment until the obstruction is helping to trouble shoot.

Keywords: İntestinal obstrüksiyon, Abdominal aort anevrizması, Acil Tıp İntestinal obstruction, abdominal aortic aneurysm, Emergency Medicine