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## Shock, aortic occlusion and creamy plasma



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Acute occlusion of the abdominal aorta is an extremely rare disease. A 31-year-old man with history of neuroblastoma of the left adrenal gland in childhood treated with radiotherapy, chemotherapy and surgery was known to have secondary arterial hypertension due to renal artery stenosis. He also had poor alimentary habits with excessive alcohol and massive sugar consumption. He presented to hospital for acute bilateral limb ischemia with complete paralysis. Abdominal CT-scan revealed abdominal aortic occlusion below the renal arteries, associated with severe pancre-

atitis (plasma lipase = 1459 UI/l) (Fig. 1). Post-operative management of emergent axillobifemoral bypass was complicated with severe distributive shock. Venous puncture for central line insertion retrieved blood that immediately presented with a creamy layer at the top of the syringe (Fig. 2). Major hypertriglyceridemia at admission (34,5 mmol/l) decreased to 6,2 mmol/l after a single plasmapheresis session on post-operative day 1. Severe acute respiratory distress and multi-organ failure led to death on post-operative day 21. Hyperviscous blood likely promoted aortic thrombosis in the setting of radiation-induced aortitis.

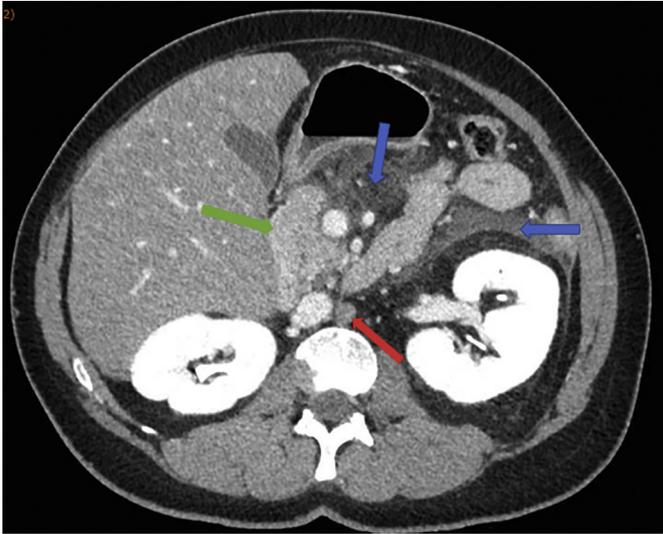
Informed consent was obtained from the patient's next of kin.

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**Fig. 1.** Abdominal CT-scan with contrast injection at admission showing the complete thrombosis of the abdominal aorta (red arrow), enlarged pancreas head (green arrow) and fluid collections surrounding the pancreas (blue arrows). (For interpretation of the references to color in this figure legend, the reader is referred to the web version of this article.)

### Declaration of competing interest

On behalf of all authors, the corresponding author states that there is no conflict of interest.



**Fig. 2.** Venous blood sample retrieved through the syringe used for central venous line insertion at ICU admission: the plasma exhibits a spontaneous creamy top layer over a turbid infranatant.