

CORRESPONDENCE

The Changing Incidence of Femoral Artery Pseudoaneurysm

We read with interest the article by Norwood and colleagues.¹

The management of femoral artery pseudoaneurysm has evolved in recent years and percutaneous ultrasound guided thrombin injection is now recommended as the standard of care. Its efficacy is highlighted by successful pseudoaneurysm thrombolysis in 96% of cases and good patient tolerance.^{2,3}

As described by Norwood, potential reasons for a change in femoral artery pseudoaneurysm incidence may be related to an increased number of interventional cardiological procedures performed coupled with the newer anti-platelet agents now employed.

We have recently undertaken a review of 87 patients with 89 iatrogenic pseudoaneurysm treated at our centre between January 1997 and June 2002.⁴ Thrombin injection was introduced as a treatment modality from July 1999. Prior to this, compression therapy and conventional operative repair were utilised in the management of pseudoaneurysm. In the two years (1997–1998) before the introduction of thrombin therapy, 17 (89%) of 19 lesions were repaired surgically. In the two years (2000–2001) after its introduction, 21 (41%) of 51 required operation. While there was no significant increase in the total number of arterial catheterisations, there were significantly more pseudoaneurysms treated after July 1999; the point at which thrombin injection was introduced as a treatment option.

Findings of an increased number of pseudoaneurysms referred and treated together with a constant incidence of surgical repair for pseudoaneurysm suggest that a lower threshold for treatment by thrombin injection exists; and may account for the increased incidence seen in our series and that of Norwood and colleagues.

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Pseudoaneurysm of the Femoral Artery in a HIV-infected Man

Arterial pseudoaneurysms are extremely rare findings in human immunodeficiency virus (HIV) infected patients. However, prolonged survival and the accumulation of cardiovascular risk factors (i.e. atherosclerosis, arterial blood hypertension, dyslipidemia) observed in patients on highly active antiretroviral regimens (HAART) can lead to an increased risk of vascular complications.^{1–3}

We report here the case of a 56-year-old bisexual man, HIV-infected since June 1991, never followed at any HIV care centre until November 1997, when he developed cerebral toxoplasmosis. After hospitalization, HAART containing stavudine, didanosine and indinavir was started with immunological and virological improvement (November 1997, CD4+: 9 cell/mm³, HIV-RNA: 66460 copies/ml, measured by NASBA technique; July 1998, CD4+: 187 cell/mm³, HIV-RNA: 4340 copies/ml). HIV-RNA plasma levels became undetectable in December 1998 and since then plasma viremia remained below detection limits;