Eur J Vasc Endovasc Surg 34, 249 (2007)
doi:10.1016/j.ejvs.2007.02.012, available online at http://www.sciencedirect.com on ScienceDirect

EJVES Extra Abstracts☆

Endovascular Treatment of Femoral Artery Pseudoaneurysm in a HIV Positive Patient – A Case Report

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Arterial pseudoaneurysm formation has been increasingly reported in HIV positive patients and generally surgery is indicated. We paced an endovascular stent in a femoral artery pseudoaneurysm of a 30-year-old HIV-positive male. Early results of this procedure are good. We believe that implantation of an endovascular stent graft can result in a shorter hospital stay and can significantly reduce morbidity for HIV-positive patients with pseudoaneurysms.

doi:10.1016/j.ejvs.2007.02.012

DOI of original article:10.1016/j.ejvsextra.2007.02.002

Available online 4 May 2007

Ruptured Acute Type B Dissection Superimposed on the Abdominal Aortic Aneurysmal Wall Wrapping a Prior Graft

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We report a case of a 73-year-old woman with a type B aortic dissection superimposed on the abdominal aneurysmal wall that was wrapped around a bifurcated graft, implanted for a fusiform aneurysm 12 years previously. She was treated conservatively despite evidence of retroperitoneal bleeding because of thrombosis of the entire false lumen at the time of admission. Seven days later she underwent tube grafting on an urgent basis because a new enhanced space appeared around the graft. A small tear at the previous aortic suture line and dissection of the aneurysmal wall that wrapped the prior graft were noted at the time of surgery. The postoperative course was uneventful.

doi:10.1016/j.ejvs.2007.02.014

DOI of original article:10.1016/j.ejvsextra.2007.02.004

Available online 27 April 2007

Anaphylaxis Following Foam Sclerotherapy: A Life Threatening Complication of Non Invasive Treatment for Varicose Veins

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We report an anaphylactic reaction following ultrasound guided foam sclerotherapy (UGFS) to lower limb varicosities. A tortuous anterolateral thigh vein of a 62 year-old woman was unsuccessfully ablated with UGFS. A further session of UGFS, 6 months later, resulted in a non-fatal anaphylactic reaction that required resuscitation with adrenaline. The patient was not known to be allergic to the sclerosant used and had not suffered any adverse effects after her initial treatment. This case demonstrates the possibility of anaphylaxis following UGFS. Those performing sclerotherapy require appropriate resuscitation equipment and training.

doi:10.1016/j.ejvs.2007.02.022

DOI of original article:10.1016/j.ejvsextra.2007.02.005

Available online 27 April 2007

Placing of Permanent Catheter Through Right Anterior Mini Thoracotomy in Patients with Chronic Renal Failure

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We reviewed 8 patients who had intra-atrial dialysis catheter placement between March 2003 and August 2005. In all of the patients right atrium is reached through a anterior right mini thoracotomy under intratracheal general anesthesia. We believe that in these patients in whom the other hemodialysis methods are exhausted right atrial permanent catheter usage for hemodialysis is an effective solution.

doi:10.1016/j.ejvs.2007.03.013

DOI of original article:10.1016/j.ejvsextra.2007.03.001

Available online 14 May 2007

Venous Hypertension in the Hand and Forearm after Brachioaxillary Graft Formation

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We describe a patient on long term haemodialysis with signs of venous hypertension in the hand and forearm, but not the upper arm. This was caused by a venous outflow stenosis of a brachioaxillary graft. Duplex ultrasound and fistulogram showed a venous outflow stenosis with a large collateral feeding the forearm veins. The symptoms improved rapidly after revision of the anastomosis. Striking was the lack of signs in the upper arm despite the stenosis being in the axilla. The filling of the forearm venous system via the deep brachial veins lead to signs of venous hypertension in the forearm only.

doi:10.1016/j.ejvs.2007.01.022

DOI of original article:10.1016/j.ejvsextra.2007.01.002

Available online 16 May 2007

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