



EJVES Extra Abstracts[☆]

A Custom-made Endovascular Treatment Strategy in a Patient with Marfan's Disease

A.H. Perera^{a,c}, M.S. Hamady^b, N.J. Cheshire^a, M. Mireskandari^a, C.D. Bicknell^{a,c}

^aImperial Vascular Unit, Imperial College Healthcare NHS Trust, St Mary's Hospital, Praed Street, London W2 1NY, UK

^bDepartment of Interventional Radiology, Imperial College Healthcare NHS Trust, UK

^cDepartment of Surgery and Cancer, Imperial College London, UK

Introduction: We present a young female with Marfan's Syndrome and aortic dilatation between two previous dacron grafts of the descending thoracic and abdominal aorta after type B dissection.

Report: Open retrograde visceral revascularisation was undertaken and a single bespoke stent-graft used to exclude the aneurysm. A custom-made stent overcame some of the limitations of standard devices. A 50 mm proximal stent diameter was used to seal the landing zone in the dilated dacron thoracic graft.

Discussion: A single custom-made stent avoided multiple stent requirements to accommodate significant proximal/distal size discrepancy and reduced risk of type III endoleak in this young patient with complex disease.

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Hybrid Repair of a Thoraco-abdominal Aortic Aneurysm Associated with Polycystic Kidney Disease

A.H. Perera^a, E. Kashef^b, N. Courtois^c, J. Wolfe^a

^aImperial Vascular Unit, St Mary's Hospital, Imperial College Healthcare NHS Trust, Praed Street, London W2 1NY, UK

^bDepartment of Interventional Radiology, St Mary's Hospital, Imperial College Healthcare NHS Trust, UK

^cDepartment of Anaesthetics, St Mary's Hospital, Imperial College Healthcare NHS Trust, UK

Introduction: We report an incidental finding of a 9.8 cm Crawford type III thoraco-abdominal aortic aneurysm associated with autosomal dominant polycystic kidney disease (ADPKD).

Case report: CT imaging revealed a grossly enlarged polycystic liver and right kidney in a 54-year-old female. The patient had a complex medical history including end-stage renal failure requiring haemodialysis and chronic obstructive pulmonary disease. She had experienced back pain for eighteen months. This was attributed to a progression of pain secondary to abdominal polycystic disease and therefore not investigated. She had previously undergone a left nephrectomy. A single-stage hybrid approach with open retrograde visceral re-vascularisation and endovascular stenting was carried out successfully to treat the aneurysm.

Discussion: We report this case to highlight the association between aortic aneurysms and ADPKD, and we present a solution to the complex technical problem involved.

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A Case of Septic Superficial Thrombophlebitis of Varicose Veins Associated with *Yersinia enterocolitica* and *Propionibacterium*

K. Kam Fai Ho^a, A. Al-Timimi^{a,d}, P.J. Walker^{a,b,c}

^aUniversity of Queensland School of Medicine, Australia

^bDiscipline of Surgery, Australia

^cCentre for Clinical Research, Australia

^dNambour General Hospital, Australia

A patient with a history of varicose veins developed septic superficial thrombophlebitis in the great saphenous vein (GSV). Blood cultures grew *Yersinia enterocolitica* and *Propionibacterium*. Ultrasonography showed thrombus extending into the deep venous system, which exposed the patient to the risk of septic emboli. This risk, together with the contraindication to anticoagulation due to the patient's gastric erosions and ulceration, prompted the decision to surgically remove the thrombus. Although superficial thrombophlebitis is common in the setting of varicose veins, septic superficial thrombophlebitis is rare, especially due to *Yersinia* infection.

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