



EJVES Extra Abstracts[☆]

Hydrofluoric Acid Burn of the Hand – A Rare Emergency

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Introduction: We report on successful endovascular treatment of a hydrofluoric acid burn to the hand.

Report: A worker complained of severe pain in the fingers D II to D V after injury with 60% hydrofluoric acid. A digital subtraction angiography showed vasospasm of the common palmar digital artery. We selectively applied 20% calcium gluconate intra-arterially.

After treatment all arteries were perfused. Alprostadil, acetylsalicylic acid and clopidogrel were administered in conjunction. Pain symptoms improved and sensory and motor functions were restored.

Discussion: Immediate angiography and intra-arterial application of calcium gluconate are recommended to treat hydrofluoric acid burn to a limb.

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Idiopathic True Aneurysm of the Radial Artery: A Rare Entity

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Introduction: True aneurysms of the radial artery are extremely rare. Most cases of Radial artery aneurysm are the result of iatrogenic trauma, however other rare causes such as vascular tumours, connective tissue diseases and occupational injury have also been reported.

Case report: A 60-year-old man presented with a pulsating mass in the anatomical snuffbox of the left hand. He underwent distal radial artery ligation and excision of the aneurysm. Histopathology demonstrated this to be a true aneurysm in continuation with the vessel wall.

Discussion: There are only a few cases of true distal radial artery aneurysm described in the literature. Careful examination and pre-operative imaging will help determine the most appropriate surgical management, including the need for vascular reconstruction.

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'Trial of Stiff Guidewire': A Useful Adjunct to Determining Suitability for Endovascular Aneurysm Repair

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Introduction: This study investigated our practice of performing a pre-operative 'trial of stiff guidewire' to assess whether iliac artery tortuosity may be overcome, prior to denying patients endovascular aortic aneurysm repair (EVAR).

Report: During the 58-month study period, 35 'trial of stiff guidewire' procedures were performed, the thirty-one of whom 'passed' were suitable for EVAR. Four patients whose iliac anatomy could not be straightened (failing the trial of stiff guidewire) were offered open surgery only.

Discussion: If the iliac artery can be straightened using the stiff wire, to a bend less acute than 80°, patients may still be offered EVAR.

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Revascularisation of Internal Carotid Artery Aneurysm near the Skull Base

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A 51-year-old man presented with a pulsatile neck mass. Computed tomography angiography (CTA) revealed a right internal carotid aneurysm. No neurological symptoms occurred for more than 40 years in this patient, which indicated a possible congenital lesion worsened by secondary atherosclerosis. The aneurysm extended from the carotid bifurcation nearly to the base of the skull, and a normal internal carotid artery (ICA) segment was found before entering the carotid canal. The distal end of the extracranial ICA was exposed by transecting the digastric muscle and removing the styloid process during the procedures. The external carotid artery (ECA) was chosen as the inflow source in order to shorten the clamping time of the ICA. His recovery was uneventful, and the follow-up at 2 years revealed that carotid artery patency was obtained.

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