

Abstracts from Issue 28 of EJVES Short Reports[☆]

Ruptured peroneal aneurysm after infrapopliteal prosthetic bypass with Taylor patch

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Introduction: A 45-year-old mailman underwent an implantation of a femoro-peroneal polytetrafluoroethylene (PTFE) bypass with a distal Taylor patch six years prior to admission after two failed autologous reconstructions and extensive fasciotomy. The initial pathology was an acute ischemia due to popliteal entrapment with subsequent popliteal thrombectomy.

Report: The patient was examined because of pain, reduction of walking distance and development of a palpable mass at the medial fasciotomy site. A 6-cm pseudoaneurysm with complete disruption of the suture line of the vein patch was discovered and resected. Arterial continuity with a vein interposition graft was established using non-reversed cephalic vein.

Conclusion: The etiology of the aneurysm is not entirely clear. One may argue that the fourth revascularization could have been performed with an arm vein instead of a prosthetic graft with the probability of a better long term patency in a young patient. 15 months after the procedure the bypass is patent and the patient is without any symptoms. This complication of a Taylor patch has not been reported before.

Surgical treatment for complicated carotid artery stenting

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Introduction: The increasing use of carotid artery stenting has inevitably resulted in more carotid artery stenting-related complications.

Report: This report describes serious complications that developed in two patients after carotid artery stenting and were successfully treated by operative reconstruction. One patient presented with an unstable, symptomatic, emboligenic lesion without significant in-stent restenosis. The other presented with active bleeding and pseudoaneurysm formation due to an infected carotid stent.

Discussion: Surgical treatment for carotid artery stenting-related complications appears to be feasible, but studies on larger cohorts are warranted.

Endovascular therapy with intravascular ultrasound guidance for popliteal artery occlusion due to blunt trauma

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Background: Historically, popliteal artery occlusion due to blunt trauma has led to high amputation rate and been thought that indication for traditional open operative repair in almost all of cases.

Case: A healthy male in his 30s transferred to the advanced wound care center at our hospital because unhealed wound and popliteal artery occlusion due to blunt trauma after traffic accident. Surgical repair was planned, but was postponed due to wound contamination. Endovascular therapy was selected and balloon angioplasty was performed with intravascular ultrasound (IVUS) guidance successfully. Thereafter wound management, wounds were successfully cured at 3 months after admission.

Conclusion: Popliteal artery occlusion due to blunt trauma resulted in lower leg necrosis and successful lower leg preservation was achieved by EVT with using IVUS

Endovascular treatment of acute type B dissection complicating graft-bypass repair for aortic coarctation

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Objectives: The early dissection of the descending aorta after the repair of aortic coarctation is very rare. Herein, we present a special endovascular technique used for acute type B dissection complicating graft bypass for aortic coarctation.

Methods: The 48 year-old male patient with the diagnosis of adult type aortic coarctation had bypass procedure between the aortic arch and the descending aorta. Six weeks after the first operation, the patient was readmitted with severe back pain and had the diagnosis of acute type B dissection which involved the descending aorta at the distal part of the graft anastomosis.

Results: Two separate stent-grafts were deployed respectively 31 × 150 mm and 34 × 200 mm (C-TAG™ WL Gore&Asc., Flagstaff, AZ, USA). The previous Dacron bypass graft was used as a proximal landing zone for the first stent-graft. The distal landing zone for the second stent was the area between the celiac trunk and superior mesenteric artery. Therefore, the covered stent-graft was implanted to the celiac trunk (Viabahn™ 7 × 50 mm WL Gore&Asc, AZ, USA) to maintain its patency before the deployment of the

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second graft. The segment of coarctation was closed with a vascular plug (Amplatzer™ vascular plug II) to prevent persistent perfusion of aneurysmal false lumen.

Conclusion: The endovascular approach offers multiple less invasive options based on a patient-specific problem.

Cleavage of the Arcuate Ligament for Unstable Angina Pectoris Symptoms

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Introduction: One reason for recurrent angina after coronary artery bypass graft (CABG) surgery is failure of the bypass graft.

Report: In this report a case of angina pectoris after CABG using the right gastroepiploic artery (GEA) as an inflow artery is described. The symptoms were due to compression of the celiac trunk by the median arcuate ligament. After division of the ligament, the patient was immediately relieved of his symptoms.

Conclusion: For unexplained recurrent angina symptoms after CABG using the GEA, median arcuate ligament syndrome should be considered.

Aortic Rupture During a Staged Endovascular Repair of a Thoracoabdominal Aneurysm

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Introduction: The management and outcome of a patient with a type III thoracoabdominal aortic aneurysm (TAAA) are reported.

Methods: The patient was scheduled for a two-stage endovascular repair strategy but experienced a contained TAAA rupture a week before the planned second stage fenestrated endovascular repair that had been postponed from 6 weeks to 5 months.

Results: Fortunately, the fenestrated device had already been delivered to the hospital; the contained rupture was thus managed endovascularly in this high-risk patient.

Conclusion: Staging extensive TAAA repairs to reduce the incidence of spinal cord ischemia is associated with a risk of interval aneurysm rupture.

Complications of Laparoscopic Retroperitoneal Sutureless and Clampless Aortobifemoral Bypass

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Introduction: This report describes our experience with early complications that occurred in two patients who underwent sutureless aortobifemoral bypass using the EndoVascular RETroperitoneoScopic Technique (EVREST).

Report: Two patients who underwent EVREST for aortoiliac TASC D lesions experienced a dislocation of the proximal assembly. The first dislocation occurred four hours post-

operatively and led to the death of the patient, and the second occurred during surgery and led to open conversion.

Conclusion: As a result of these serious complications, we recommend the use of anchorage stitches while using an endograft connector in a sutureless aortobifemoral bypass.

One Stage Radical Removal of Intravenous Leiomyomatosis Extending to the Right Atrium via the Bilateral Gonadal Veins

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Background: Intravenous leiomyomatosis is a benign and rare smooth muscle cell tumor. Extension to the right heart is exceptional. Among the reported cases, the tumor is usually known to enter through the lumen of the iliac vein and grows into the inferior vena cava; involvement of bilateral gonadal veins is rarely reported. Complete tumor resection is the key to therapy.

Case presentation: A 25 year old female Chinese patient suffering from abdominal distention for 1 month, who was diagnosed with intravenous leiomyomatosis extending to the heart, from pre-operative imaging studies, is presented. A one stage procedure with complete excision of the tumor was performed. Histopathological findings confirmed the diagnosis of intravenous leiomyomatosis. The patient's post-operative recovery was uneventful, without recurrence and re-stenosis at 1 year follow up.

Conclusion: Intravenous leiomyomatosis may grow within veins along various routes. This case demonstrated intravenous leiomyomatosis with tumor extension through bilateral gonadal veins extending to the heart. It is believed that one stage radical resection can be a practical and effective alternative for the patients in good clinical condition. Long-term follow up is recommended because of the possibility of recurrence and metastases.

Self-limiting Spontaneous Isolated Celiac Artery Dissection: A Case Report

A.D. Morzycki, P. Casey, and M. Lee

Introduction: Isolated dissection of the celiac artery is rare, with less than 100 cases reported to date. Although some patients present with epigastric pain and tenderness, many cases are asymptomatic and found incidentally on CT. The appropriate management of isolated celiac artery dissections is unclear. This report illustrates an observational approach to a symptomatic case of isolated celiac artery dissection.

Report: A 55-year-old Caucasian male presented to the emergency department with epigastric pain. His Initial CT revealed possible celiac artery dissection with associated intramural hematoma. Due to continued pain, a subsequent CTA was ordered. This scan showed progression of the intramural hematoma to near occlusion of the hepatic artery. Despite this, there were no signs of ischemic hepatitis as indicated by normal levels of liver transaminases.

There was also no evidence to suggest propagation of the dissection or pseudo-aneurysm formation. We therefore choose a conservative and observational approach to this isolated celiac artery dissection. His dissection was managed with ASA and metoprolol, and he was discharged after 1 week of observation. 3 week follow-up CTA showed spontaneous resolution of the intramural hematoma and improved patency of the hepatic artery. There was no change at 3 months follow-up.

Conclusion: This case highlights that an observational approach to cases of isolated celiac artery dissection may be indicated if there is no evident end organ disease or malperfusion.

Far Infrared Therapy as a Novel Treatment for Hand Ischemia Following Arteriovenous Graft for Hemodialysis

Y.-W. Chen, W.-S. Liu, Y.-H. Chou, W.-C. Yang, and C.-C. Lin

Introduction: Hand ischemia following vascular access surgery is an uncommon complication. A clinical dilemma exists between prioritizing the preservation of vascular access and the need for surgical intervention to rescue the ischemic hand.

Report: An 80 year old man who had hand ischemia following creation of a polytetrafluoroethylene arteriovenous graft with clinical evidence of ischemic pain of the left hand and Doppler ultrasound evidence of diastolic flow reversal is described. Far infrared therapy (FIR) was applied over the distal part of the affected limb, and the symptoms and signs of ischemia improved remarkably. Follow up ultrasonography also revealed the disappearance of diastolic flow reversal.

Discussion: FIR therapy is a promising and non-invasive therapeutic modality to treat vascular access related hand ischemia by decreasing vascular resistance and improving hand perfusion.