

- 50 Lie T. Congenital anomalies of the carotid arteries: including the carotid-basilar and carotid-vertebral anastomoses; an angiographic study and review of the literature. *Excerpta Med Found Amsterdam* 1968;84–91.
- 51 Gottschau M. Zwei seltene Varietäten der stamme des Stämme des Aortenbogens. *Arch Anat Entwickl Gesch* 1885;245–52.
- 52 Chan P, Yu S, Boet R. A rare congenital anastomosis between the vertebral artery and internal carotid artery. *AJNR Am J Neuroradiol* 2003;24:1885–6.
- 53 Lang J, Heilek E. Anatomo-clinical findings on the ascending pharyngeal artery. *Anat Anz* 1984;156:177–207.
- 54 Cavalanti D, Reis C, Hanel R, Safavi-Abbaso S, Deshmukh P, Spetzler R, et al. The ascending pharyngeal artery and its relevance for neurosurgical and endovascular procedures. *Oper Neurosurg* 2009;65:114–20.
- 55 Al-Rafiah A, El-Haggagy A, Aal I, Zaki A. Anatomical study of the carotid bifurcation and origin variations of the ascending pharyngeal and superior thyroid arteries. *Folia Morphol* 2011;70(1):47–55.
- 56 Hyashi N, Hori E, Ohtani O, Kuwayama N, Endo S. Surgical anatomy of the cervical carotid artery for carotid endarterectomy. *Neurol Med Chir* 2005;45:25–30.
- 57 Aggarwal N, Krishnamoorthy T, Devasia B, Menon G, Chandrasekhar K. Variant origin of superior thyroid and ascending pharyngeal artery from a common trunk from the cervical segment of internal carotid artery. *Surg Radiol Anat* 2006;28:650–3.

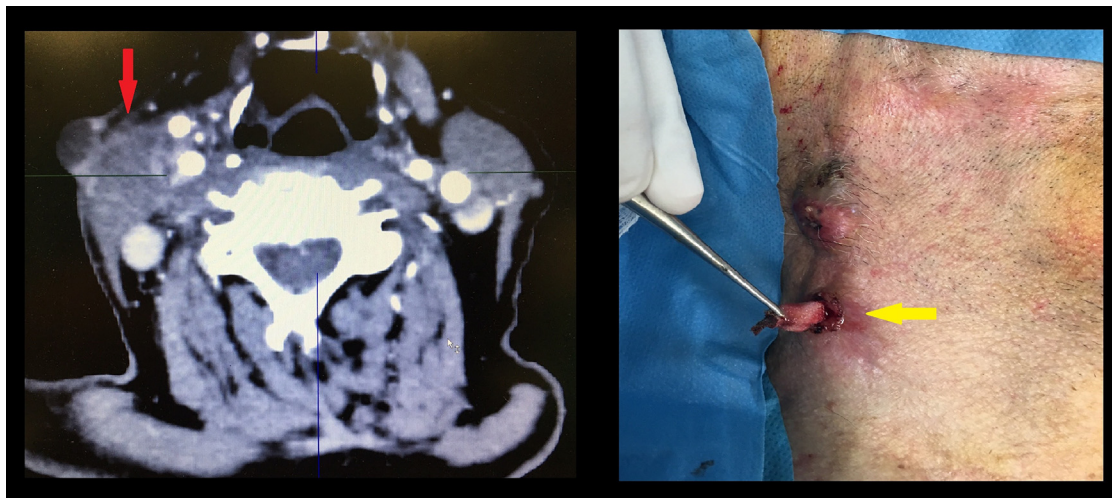
Eur J Vasc Endovasc Surg (2017) 53, 782

COUP D'OEIL

Haemostatic Gauze Emerging From The Neck Incision Five Months after Carotid Endarterectomy

K. Spanos^{*}, A.D. Giannoukas

School of Health Sciences, University of Thessaly, Larissa, Greece



A 71 year old male was re-operated on 48 hours after a right carotid endarterectomy (with Dacron patch) for evacuation of a neck haematoma. Meticulous haemostasis, placement of absorbable haemostatic gauze (SIDA-CEL, Sidapharm, Thessaloniki, Greece; estimated absorption time 21–28 days) and drain, was undertaken. Broad spectrum antibiotics were administered for 5 days. Five months later, signs of wound infection and two areas of skin dehiscence appeared with foreign material in one of them. Computed tomography revealed only superficial involvement (red arrow). Infected soft tissue and the intact haemostatic gauze (yellow arrow) were excised without needing patch removal. *Staphylococcus aureus* was grown from cultures.

EDITOR'S COMMENT

A biodegradable hemostatic product that does not degrade within the prescribed time has effectively behaved as a retained foreign body which in principle is a 'never event'. The editors are informed that this has been reported to the manufacturer for appropriate action.

^{*} Corresponding author. University Hospital of Larisa, Faculty of Medicine, School of Health Sciences, University of Thessaly, Larissa, Greece.

E-mail address: spanos.kon@gmail.com (K. Spanos).

1078-5884/© 2017 European Society for Vascular Surgery. Published by Elsevier Ltd. All rights reserved.

<http://dx.doi.org/10.1016/j.ejvs.2017.02.008>