**EJVES Extra Abstracts**

**An Unusual Cause of Recurrent Pulmonary Emboli**

J. Young*, R. Mofidi, A. Howd, G. Griffiths

*East of Scotland Vascular Network, Vascular Surgery, Ninewells Hospital, Dundee DD1 9SY, UK*

The authors report a 51-year-old female primary care physician who attended the emergency medical department with pleuritic chest pain, shortness of breath and associated tachycardia. She had 6 weeks previously been admitted and treated for similar features with the diagnosis of pulmonary emboli made from a positive ventilation–perfusion scan. CT scanning confirmed the diagnosis of multiple bilateral pulmonary emboli but no abdominal or pelvic pathology and without evidence of deep venous thrombosis. Further clinical assessment found generalised hyperflexibility and swelling of the left popliteal region. Duplex ultrasonography followed by venography confirmed a 5-cm unilateral saccular aneurysm of the above knee popliteal vein containing central thrombus. A temporary IVC filter (Cook, Tulip) was placed and primary aneurysmectomy was performed through a posterior approach.

Popliteal venous aneurysms are rare but can present at any age and are associated with wall weakness from many causes. Pulmonary embolism is the most frequent presentation and is not dependant on visualized clot on imaging. As anticoagulation may be ineffective in preventing pulmonary embolism it is recommended all patients should undergo surgical repair.

doi:10.1016/j.ejvs.2009.04.009
DOI of original article:10.1016/j.ejvsextra.2009.04.002
Available online 12 June 2009

**Fenestrated Stent Graft for Contained Ruptured Type IV Thoraco-Abdominal Aortic Aneurysm**


*St George’s Vascular Institute, St James’ Wing, St George’s Hospital, Blackshaw Road, London SW17 0QT, UK*

We present a successful emergency repair of a contained rupture of a type IV thoraco-abdominal aortic aneurysm using a fenestrated stent graft. This case describes a rupture of a thoraco-abdominal aneurysm whilst the patient awaited manufacture of his custom-fenestrated endograft. Following rupture, he was transferred to our unit from his base hospital, the graft was sourced and implanted 24 h post rupture.

DOI of original article:10.1016/j.ejvsextra.2009.04.005
Available online 12 June 2009

**Rupture of Abdominal Aortic Aneurysm into Retro-aortic Left Renal Vein: A Case Report**

R. Gabrielli*, M.S. Rosati, L. Irace, S. Perotti, A. Siani, G. Marcucci, B. Gossetti

*Division of Vascular Surgery, “Sapienza” University of Rome, Italy*
*b Division of Oncology, “Sapienza” University of Rome, Italy*
*c Division of Radiology D.E.A., “Sapienza” University of Rome, Italy*

We report a case of a 77-year-old man with a rupture of an abdominal aortic aneurysm (AAA) rupture in a retro-aortic left renal vein and in the retroperitoneum. Preoperative computed tomography (CT) assessment showed retroperitoneal bleeding from large AAA rupture into an retro-aortic left renal vein.

After arteriovenous fistula suture, the patient underwent a successful abdominal aorto-iliac repair with an uneventful post-operative course without renal complications.

DOI of original article:10.1016/j.ejvsextra.2009.04.004
Available online 25 June 2009

**Missile Embolisation Following Shotgun-Inflicted Extremity Trauma**

W. Wareing*, S. Subramonia, A. Oluwole

*Queen’s Medical Centre, Derby Road, Nottingham NG7 2UH, UK*

Gunshot wounds have the potential to cause harm at a site far removed from the original entry wound through the mechanism of missile embolism. We report a case of shotgun injury to the upper extremity associated with simultaneous embolisation of both the arterial and venous system of the limb with widely different consequences.

DOI of original article:10.1016/j.ejvsextra.2009.04.005
Available online 12 June 2009

* Full articles available online at [www.ejvsextra.com](http://www.ejvsextra.com)

1076-5884/$36 © 2009 Published by Elsevier Ltd on behalf of European Society for Vascular Surgery.
doi:10.1016/j.ejvs.2009.03.030