Extra-anatomical Aortobifemoral Bypass for Juxtarenal Aortic Occlusion

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We report a 69-year-old man with juxtarenal aortic occlusion who presented with rest pain in both lower extremities. One year previously, he had undergone low anterior resection for rectal cancer complicated by a postoperative anastomotic leak, which had healed after drainage of the abscess. Conventional aortobifemoral bypass could lead to possible complications of ureteral and vascular injury, and graft infection. Therefore, we performed an extra-anatomical aortobifemoral bypass, avoiding the left side of the previously contaminated pelvic cavity. This procedure prevents the proximal propagation of thrombus and is considered to be hemodynamically equivalent to a conventional aortobifemoral bypass.

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In situ Replacement of Mycotic Thoracoabdominal Aortic Aneurysm Using Expanded-polytetrafluoroethylene Graft With Omental Flap


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A mycotic aneurysm of the thoracoabdominal aorta was detected in a 68-year-old male after 1 month of antibiotic therapy for acute enteritis. The infected aorta was resected and revascularized via in situ grafting using an expanded-polytetrafluoroethylene graft with reconstruction of the visceral arteries. The implanted graft was covered with an omental flap. The patient was discharged 39 days after the operation. This procedure may help prevent postoperative graft infection and improve the surgical outcome in mycotic aneurysms.

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Chlamydia pneumoniae, Cytomegalovirus and Herpes Simplex Virus in Chronic Venous Insufficiency

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The pathophysiology in varicose veins (VV) and the development of venous ulceration (VU) is still unknown. The presence of Chlamydia pneumoniae (Cp), cytomegalovirus (CMV) and herpes simplex virus (HSV) has been associated with arterial disease. The aim of this study was to investigate if this also applies to venous disease. Antibodies to Cp were determined in 20 patients with VU and three matched groups: controls, VV patients with and without skin changes. PCR analyses for Cp, CMV and HSV were made from tissue samples taken at surgery for inguinal hernia and VV, 10 patients each. There was no difference in prevalence of Cp IgA or IgG between the control group and the three groups with VV and VU. CMV-PCR was positive in three normal veins and in two varicose veins. No Cp- or HSV-specific DNA was found in any of the tissue samples.

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