

Eur J Vasc Endovasc Surg 33, 505–506 (2007)

doi:10.1016/j.ejvs.2006.08.010, available online at <http://www.sciencedirect.com> on  ScienceDirect

EJVES Extra Abstracts[☆]

A Case of Intra and Extra-vascular Lipoma of the Subclavian Vein

A. Lomeo, G. D'Arrigo, A. Scolaro, M. Mudanò, M.C. Monea, G. Mauceri, F. Di Stefano, G. Cacciaguerra and C. Ramondetta

Cardio-vascular Surgery, Cannizzaro Hospital, Catania, Italy

We present the case of an asymptomatic 60 year old man with an incidental finding of a tumour lying adjacent to the superior vena cava on echocardiography. Duplex ultrasonography and CT scanning demonstrated a tumour lying adjacent to the subclavian vein as well as within the superior vena cava. At operation a lipoma was found lying adjacent to the subclavian vein. This passed within the vein lumen more proximally. The tumour was successfully removed and all major veins remained patent at follow-up one month later. Histological examination confirmed that the tumour was lipoma without evidence of malignant change.

doi:10.1016/j.ejvs.2006.08.010

DOI of original article:10.1016/j.ejvsextra.2006.08.003

Available online 1 February 2007

FDG-PET and FDG-PET/CT for Diagnosing Infection in Patients with Multiple Vascular Bypass Grafts: A Report of Two Cases

V.E. de Meijer,^{1,2} A.W.H. van de Ven^{1,2} and P.T. den Hoed¹

¹*Department of Vascular Surgery, Ikazia Hospital Rotterdam, The Netherlands,* ²*Department of Surgery, Erasmus – University Medical Center Rotterdam, The Netherlands*

2-Deoxy-2-[¹⁸F]fluoro-D-glucose (FDG) positron emission tomography (PET) is an established imaging modality in the fields of clinical oncology, cardiology and neurology, and could be useful for the diagnosis of vascular prosthetic graft infection. The technology of combining FDG-PET and computed tomography (CT) images, acquired in a single session, is gaining popularity. Several reports proposed the application of both FDG-PET and FDG-PET/CT in the diagnosis and management of vascular prosthetic graft infection. This case report highlights the usefulness of FDG-PET and FDG-PET/CT as noninvasive diagnostic modalities for patients with multiple vascular prosthetic bypass grafts susceptible for infection.

doi:10.1016/j.ejvs.2006.11.024

DOI of original article:10.1016/j.ejvsextra.2006.11.003

Available online 12 January 2007

[☆] Full articles available at www.ejvsextra.com

True Brachial Artery Aneurysm Following Blood Donation: A Case Report of a Rare Complication

K. Bhatti, S. Ali, S.K. Shanmugan and A.S. Ward

North Hampshire Hospital, Basingstoke, UK

Accidental arterial injury at time of blood donation is rare, but may lead to localized thrombosis and hematoma formation, and rarely, development of pseudo-aneurysm. We report the first case of true brachial artery aneurysm formation as complication of arterial injury from blood donation.

doi:10.1016/j.ejvs.2006.10.038

DOI of original article:10.1016/j.ejvsextra.2006.10.007

Available online 28 December 2006

Thrombophlebitis of Aneurysmal Antecubital Vein causing Pulmonary Embolism: A Case Report

S.P. Joseph and J. Sathianathan

Dumfries Royal Infirmary, General Surgery Unit, Dumfries Royal Infirmary, Bank End Road Dumfries, Dumfries, Scotland DG1 4UG, UK

The authors report a case of thrombophlebitis arising in an antecubital fossa vein resulting in a pulmonary embolism. Thrombophlebitis occurred in a vein with aneurysmal dilatation (27 mm dia) and was confirmed on duplex ultrasonography. A pulmonary embolism was suspected clinically and was confirmed by ventilation-perfusion scanning. The patient was managed by anticoagulation with warfarin. Two months later she developed features of a cerebro-vascular accident secondary to bleeding into cerebral hygromas following which anticoagulation was discontinued.

doi:10.1016/j.ejvs.2006.11.036

DOI of original article:10.1016/j.ejvsextra.2006.11.005

Available online 12 January 2007

Klippel-Trenaunay Syndrome and Left Iliac Vein Agenesis

L. Spencer and J.W. Quarmby

Derbyshire Royal Infirmary, London Road, Derby DE1 9QT, UK

This case report describes a patient with Klippel-Trenaunay syndrome (KTS) and a rare deep venous anomaly, agenesis of the left iliac veins. A dilated suprapubic vein was confirmed by duplex ultrasound assessment and by phlebography to be draining his left lower limb into his right iliac