

Arterial Occlusion from Anti-Jo1 Antibody-Associated Autoimmune Myositis: Arteritis not Compartment Syndrome

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We present a case of arterial occlusion secondary to polymyositis associated with anti-Jo1 antibodies. A 44 year old lady presented with thigh pain and myositis associated with anti-Jo1 antibody positivity. She developed critical lower limb ischaemia with normal compartment pressures but occlusive disease on angiography. Management was with steroids and methotrexate with amputation of three digits. This case illustrates adult arteritis in the presence of acute polymyositis and anti-Jo1 antibodies as a rare yet diagnostically challenging cause of arterial ischaemia.

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Multiple Revascularizations of Intestinal Arteries to Treat Mesenteric Ischaemia due to Carcinoid Tumor

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Although rare, carcinoid tumors are the most common type of neuroendocrine tumors. Mesenteric metastases are common and may cause intestinal ischaemia. Circular growth around the superior mesenteric artery may hinder surgical resection of the tumor. We report the first case in the literature where such a carcinoid tumor was resected followed by mesenteric revascularization by multiple vascular anastomoses to small visceral arterial branches.

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Retained Laser Fibre Following Endovenous Laser Ablation

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Introduction. To report the breakage and retention of a laser fibre, following endovenous laser ablation (EVLA).

Case report. The great saphenous vein (GSV) of a 57 year-old man was treated with EVLA. During withdrawal, a flash of light was seen from a hole that had burned through the introducer sheath. This device was removed and a second sheath and laser fibre inserted to complete the ablation procedure. A follow-up duplex scan identified a residual length of laser fibre within the GSV that was removed by an additional surgical procedure. A change in laser fibre length had not been identified during the initial procedure.

Discussion. This case highlights the importance of routinely inspecting the sheath and fibre following EVLA to ensure that they have been removed intact.

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Esophageal and Tracheal Compression of Huge Right Subclavian Artery Aneurysm Secondary to Aortic Coarctation

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Right subclavian artery aneurysm due to coarctation of the aorta was diagnosed in a 33-year-old female patient who presented with dysphagia and dysphonia. Aortic coarctation and right subclavian artery aneurysm that compressed the trachea and the esophagus were successfully reconstructed with staged operations.

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