

EJVES Extra Abstracts[☆]

Aplasia of Great Saphenous Vein: A Case Report

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A case of complete aplasia of the great saphenous vein (GSV) is described. A 60 year-old woman presented with signs and symptoms of chronic venous disease (CVD) to the vascular laboratory. The patient was examined using duplex ultrasound (DU) and was found to have aplasia of the GSV in her left leg from the lower calf to sapheno-femoral junction (SFJ). The contralateral GSV had segmental aplasia.

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Upper Arm Compartment Syndrome Secondary to Intramuscular Cocaine and Heroin Injection

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Compartment syndrome threatens the viability of a limb. We present a case of upper arm compartment syndrome secondary to an intramuscular injection of cocaine and heroin. Timely diagnosis and surgical intervention avoided extensive muscle necrosis and morbidity. This complication has not been previously reported and highlights a condition which should be considered in intravenous drug abusers presenting with arm pain.

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Late Infectious Complication after Exclusion of Popliteal Artery Aneurysm by Ligation and Venous Bypass

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We present a case of a late infection of a popliteal artery aneurysm (PAA) 8 years after ligation and repair with a venous bypass graft. The patient presented with fever and a progressive painful swelling in the popliteal fossa. CT-angiography and MRI showed a large abscess in the region of the excluded PAA. Bacterial culture showed a *Streptococcus Milleri*. Repeated drainage and prolonged antibiotic therapy were necessary to cure the infection. On final exploration

the abscess corresponded with the ligated aneurysm which was still fed by small vessels in the aneurysm wall, suggesting the thrombus in the aneurysm was infected via a bacteremia. The patient's recovery after repeated drainage of the infection and complete exclusion of the aneurysm was complicated by a transient superficial peroneal nerve paralysis.

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A Pseudoaneurysm Secondary to Fracturing of a Calcified Superficial Femoral Artery: An Unusual Cause of Lower Limb Swelling Following Colonic Anterior Resection

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A 79 year-old man presented four weeks following anterior resection with an acute swelling of his left lower limb. Duplex ultrasound and magnetic resonance angiography revealed a pseudoaneurysm of a heavily calcified SFA, but no venous thrombosis. At surgery, a pseudoaneurysm was isolated in a rigid SFA and a femoro-popliteal bypass performed. The pseudoaneurysm presumably resulted from fracturing of the calcified SFA during the previous admission. The case reinforces the importance of clinical examination and patient handling.

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Right Hepatic Artery Pseudoaneurysm Thirteen Months Following Laparoscopic Cholecystectomy

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A Hepatic artery pseudoaneurysm is a rare vascular complication of laparoscopic cholecystectomy. We report a case that presented thirteen months following elective surgery and was treated successfully by endovascular coil embolisation. This case represents the latest presentation post surgery without the development of life threatening clinical rupture.

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