

EJVES Extra Abstracts[☆]

Mycotic Aneurysm of the Carotid Artery Following Streptococcal Angina

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Introduction. Mycotic aneurysm of the carotid artery is a rare but potentially life-threatening event.

Report. A 53-year-old man developed a painful mass in the left neck after correct treatment of a streptococcal angina. Duplex ultrasound and magnetic resonance angiography confirmed a mycotic aneurysm of the internal carotid artery. Management consisted of clinical observation, systemic antibiotics, and daily duplex ultrasound evaluations.

Discussion. To our knowledge, this is the first report of mycotic aneurysm of carotid arteries managed conservatively. Although conservative management is not the first-choice therapy, in our case, surgery or stent grafting of the mycotic aneurysm of the carotid artery was avoided.

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Case Report: A Rare Orientation of Femoral Artery and Vein

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Introduction. We report the case of a rare orientation of femoral artery and vein in a 51-year-old female patient undergoing routine varicose vein surgery.

Report. Intra-operatively, the superficial femoral artery was found to be traversing the sapheno-femoral junction and running *medial* to the common femoral vein.

Discussion. This variant has only previously been described once in the literature and in addition to being of general anatomical interest, it serves as a reminder that even the most seemingly constant of vascular landmarks can occasionally be subject to marked variability.

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Disseminated Intravascular Coagulopathy Caused by Endoleak Type I: Successful Treatment by Endovascular Stent-graft Extension

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Introduction. We present a case with acute DIC probably caused by a type I endoleak after endovascular aneurysm repair (EVAR).

Case report. An 84-year-old male underwent elective EVAR of a 7 cm sized infrarenal aortic aneurysm and developed five months later an acute DIC associated with an endoleak type I. After successful endovascular stent-graft extension the DIC resolved.

Discussion. Endoleak type I is not described to be related to DIC, however as the endovascular stent-graft extension did abolish both, endoleak and the DIC in our case. We therefore suggest that a type I endoleak can cause acute DIC.

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A Cautionary Tale; New Onset Claudication Following Percutaneous Femoral Artery Closure

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Introduction. We report new onset claudication in a previously healthy subject in whom access site haemostasis was achieved by Angioseal[®]. This iatrogenic injury occurred from failure of the Angioseal plug to resorb completely resulting in vascular stenosis and classical lower limb claudication requiring endarterectomy.

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