

EJVES EXTRA ABSTRACTS

Giant External Carotid Aneurysm: A Rare Cause of Dyspnoea, Dysphagia and Horner's Syndrome

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We report a case of life-threatening giant external carotid artery (ECA) aneurysm. The 89-year-old patient presented with severe dyspnoea and dysphagia with Horner's syndrome and cluster headache. Surgical repair with ECA ligation and reconstruction of the internal carotid artery using a prosthetic PTFE graft was successfully performed. The compressive symptoms promptly resolved in the early post-operative period.

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Combined Treatment with Open and Endovascular Surgery of a Mycotic Abdominal Aortic Aneurysm

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We report the treatment of a 67-year-old male patient with a suprarenal mycotic aortic aneurysm. A 67-year-old male developed renal failure during the treatment of a urine infection and a paracervical abscess. Further investigations revealed a 5.6 cm saccular suprarenal abdominal aortic aneurysm. A successful combined treatment was carried out with endovascular techniques and open surgery, realizing a retrograde aorto-superior mesenteric bypass. Postoperative follow up scans showed exclusion and thrombosis of the aneurysm. Treatment of mycotic aneurysms is mainly surgical, but endovascular therapy helps to avoid highly complicated surgery and reduces mortality.

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Recurrent Arterial Thromboembolism and Deep Venous Thrombosis Associated with High Levels of Antiprothrombin Antibodies without Evidence of Connective Tissue Disease

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Antiphospholipid antibodies induce a prothrombotic state potentially causing arterial and venous thromboembolism. Anticardiolipin antibodies, β_2 -glycoprotein-1-antibodies and lupus anticoagulant have been identified most commonly. We describe a rare case of venous and recurrent arterial thromboembolic events in a 67-year-old female with high concentrations of antiprothrombin antibodies without clinical or serological evidence of connective tissue disease. To avoid misdiagnosis and treatment and to improve the likelihood of recognizing antiphospholipid-syndrome we therefore strongly recommend testing for prothrombin antibodies in case of negative or inconclusive standard tests for antiphospholipid syndrome.

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