

EJVES Extra Abstracts*

Popliteal Artery Entrapment: Eight Years Experience

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Objectives. We present our experience with popliteal artery entrapment

Patients and methods. 12 cases of PAES were diagnosed in 8 patients with an average age of 38 years. Symptoms consisted of intermittent claudication in 6 limbs; acute ischemia in 3 limbs and 2 were asymptomatic. Diagnoses were made via angio MRI. Type II, III, V and functional entrapments were found. We used a posterior approach in 6 cases and a medial approach in 4 cases. Seven popliteal-popliteal bypasses with reversed saphenous veins, one femoro-popliteal bypass with saphenous vein, one popliteal-tibial-peroneal trunk bypass and one angioplasty with a vein patch were performed. In all cases, decompressions along with myotomy was performed.

Results. An early bypass occlusion plus one more 5 years later occurred. No amputations were needed.

Conclusions. PAES is a pathological entity that should be suspected in young adults presenting with intermittent claudication without cardiovascular risk factors. MRA is the most complete diagnostic examination for PAES. Surgical treatment is recommended for types I to V and for symptomatic functional syndromes.

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Aneurysmal Degeneration of a Miller Vein Cuff

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False aneurysms at anastomoses between synthetic grafts and native arteries are not uncommon. We report a case of true aneurysmal degeneration of a Miller vein cuff.

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Treatment of an Axillary Artery Pseudoaneursym using Balloon Protection and an Ethylene Vinyl Alcohol Copolymer (Onyx)

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The development of an iatrogenic pseudoaneurysm is a recognised risk following arterial puncture. Management options include surgery, use of covered stents, ultrasound-guided compression and percutaneous injection of a thrombotic substance such as thrombin. This paper describes an alternative technique using balloon protection and the percutaneous injection of an ethylene vinyl alcohol copolymer, Onyx[®] (Micro Therapeutics, Inc, Irvine, CA) under ultrasound guidance. This provides a safe and controlled method to occlude the pseudoaneurysm. The advantages of Onyx over other treatment methods are discussed.

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Endovascular Treatment of Renal Artery Bifurcation Stenoses with Branched Balloon Angioplasty

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An 85-year-old man with left sided single kidney presented with end-stage renal failure after an acute intestinal bleeding. A complex bifurcational stenoses distally to a 6 months previously implanted ostial stent in the left renal artery was found on duplex imaging and angiogram. These two de-novo stenoses in the distal main renal artery and the proximal segment of the lower branch were simultaneously treated with a ultralow profile, monorail bifurcation balloon catheter system (Avion Bifurcation RX2TM, Invatec, Italy) that consists of a main vessel balloon (20/3.5 mm) and a side vessel balloon (20/2.75 mm). One day and three months postinterventionally, duplex ultrasound demonstrated no recurrent stenoses. Bifurcation balloon catheter systems for complex renal artery stenosis are discussed.

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