**Upper Limb Ischaemia in a Young Female**

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We present the case of an acute or chronic ischaemia of the upper limb due to extrinsic compression and thrombotic occlusion of the left subclavian artery successfully bypassed with a subclavian to axillary artery venous auto-graft.

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**Replacement of Infected Prosthetic Femoral Graft with Longitudinally Tailored Vein Patches**

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Infection of prosthetic material is a devastating complication in vascular surgery, often resulting in death or amputation. We present the case of a 55-year-old man operated for aortic valve replacement and at the same time aneurysm resection of the right femoral artery and replacement with a termino-terminal 10 mm Dacron graft. On the 14th postoperative day, the patient presented local and systemic inflammatory signs with positive blood cultures for *Staphylococcus epidermidis*. Replacement of the graft with autogenous material was judged mandatory but technically challenging due to the large calibre of the artery and, on the other hand, small diameter of the saphenous vein. A composite vein graft was tailored in a technically interesting way. The postoperative course was uneventful and the graft remained patent. Prosthesis infection is a challenging situation often complicated by the lack of autogenous material. The method presented is a feasible alternative and to our knowledge it is the first time such a technique is described for the replacement of an infected prosthesis of the groin.


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