ENDOVASCULAR TREATMENT OF FEMORAL ANASTOMOTIC ANEURYSM

Mário Moreira

Angiology and Vascular Surgery Department

CHUC, Coimbra, Portugal
I do not have any potential conflict of interest
Anastomotic aneurysm

- Late complication after arterial reconstruction
  1-4%
  Femoral ++

thrombosis | embolism | compression | rupture

- Open surgery vs endovascular repair
1996

♂, 64y

Rutherford 4 (left)

ABFB: 16x8mm bifurcated Dacron

- Right: CFA
- Left: PFA
2015

• 84y

• Arterial hypertension; pacemaker; left hemiparesia due to previous cerebral infarction; left groin dermatitis

• Palpable pulsatile mass in the left groin
Angio-CT

- Graft diameter: 8.9mm
- PFA diameter: 6.3mm
Angiography

Left brachial artery (percutaneous) – 8F
Balloon-expandable covered stent: 8x57mm
Balloon-expandable covered stents: 10x57mm (3cm overlap)
Follow up

- 20mo
- Asymptomatic
- Sac shrinkage (3,9 > 2.4cm)
Conclusion

• Surgery remains the gold standard

• Endovascular methods add to the armamentarium
  – Useful in selected cases
References


• Mehta T, Dey R and Chaudhuri A. Ilioprofunda endobypass can successfully treat a post-operative femoral pseudo-aneurysm. EJVES Short Reports (2017) 34, 9e12