

Aneurysmal Arteriovenous Fistula of In-situ Saphenous Vein Graft

Hafedh Daly^{1*} and Amira Horchani²

¹Cardiovascular Surgery Department, Regional Hospital of Gafsa, Tunisia

²Faculty of Pharmacy, Monastir, Tunisia

*Corresponding author: Hafedh Daly, Cardiovascular Surgery Department, Regional Hospital of Gafsa, Tunisia. E-mail: daly.hafedh@yahoo.fr

Received: March 11, 2022; Accepted: March 18, 2022; Published: April 05, 2022

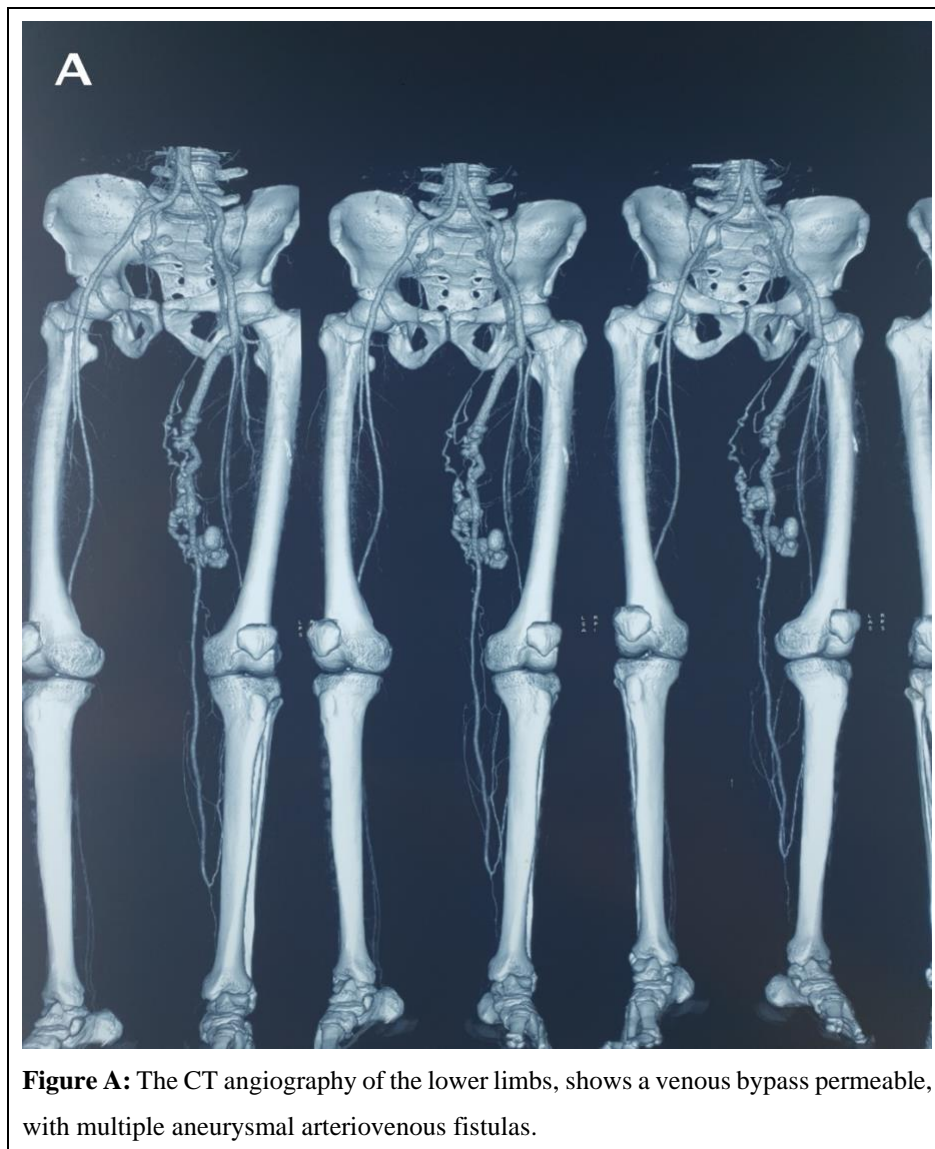


Figure A: The CT angiography of the lower limbs, shows a venous bypass permeable, with multiple aneurysmal arteriovenous fistulas.

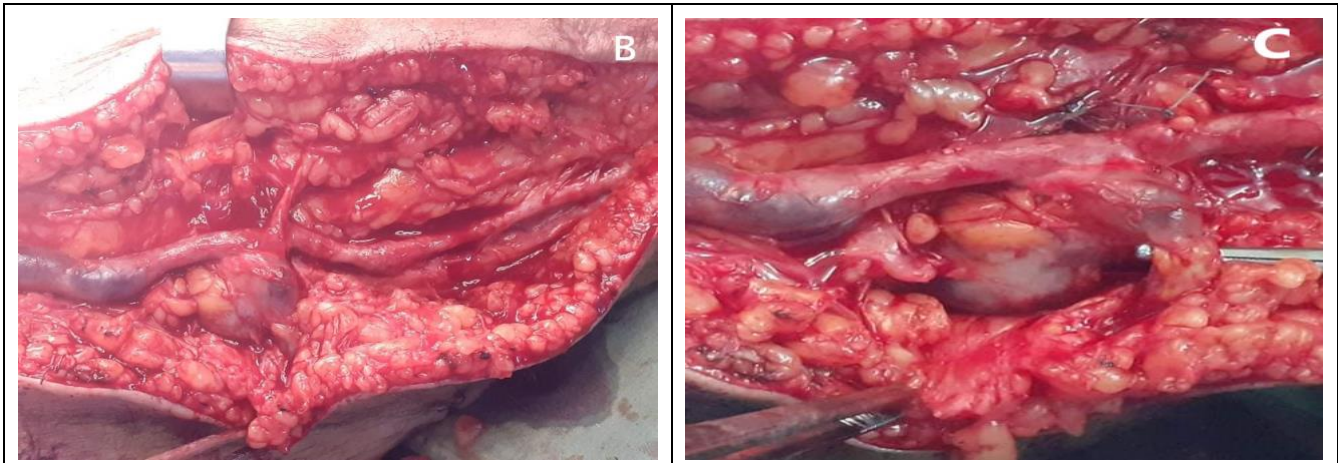


Figure B and C: The intraoperative view showing aneurysmal arteriovenous fistulas.

Clinical Image

A 48-year-old man was urgently hospitalized for massive bright red bleeding from a rupture of a varicose bundle in the lower third of the posterior aspect of the right thigh. He had, 5 years previously, a femoral to posterior tibial artery bypass with an in situ saphenous vein for critical ischemia.

The clinical examination showed the presence of a varicose pack not systematized at the level of the lower third of the posterior face of the thigh, surmounted by an ulceration. The blood pressure was 80/50 mm Hg and a heart rate was 110 per minute.

CT angiography of the lower limbs, revealed a venous bypass permeable, with multiple aneurysmal arteriovenous fistulas (Figure A).

The patient was immediately operated (Figure B and C). He had an exclusion by section ligation of all the aneurysmal and non-aneurysmal arteriovenous fistulas. The ultrasound check-up at 6 months was satisfactory.