

HPI

69 yo female with hypertension, hyperlipidemia, hypothyroidism and PVD. Developed BLE claudication in 2007. Allergic to contrast. S/p Bilateral SFA stents (Viabahn) using CO2 angiography. Experienced L SFA stent occlusion and rest pain. Unsuccessful thrombolysis → s/p L femoral to below knee popliteal artery bypass with SVG (2 pieces). Postop with L thigh wound infection.



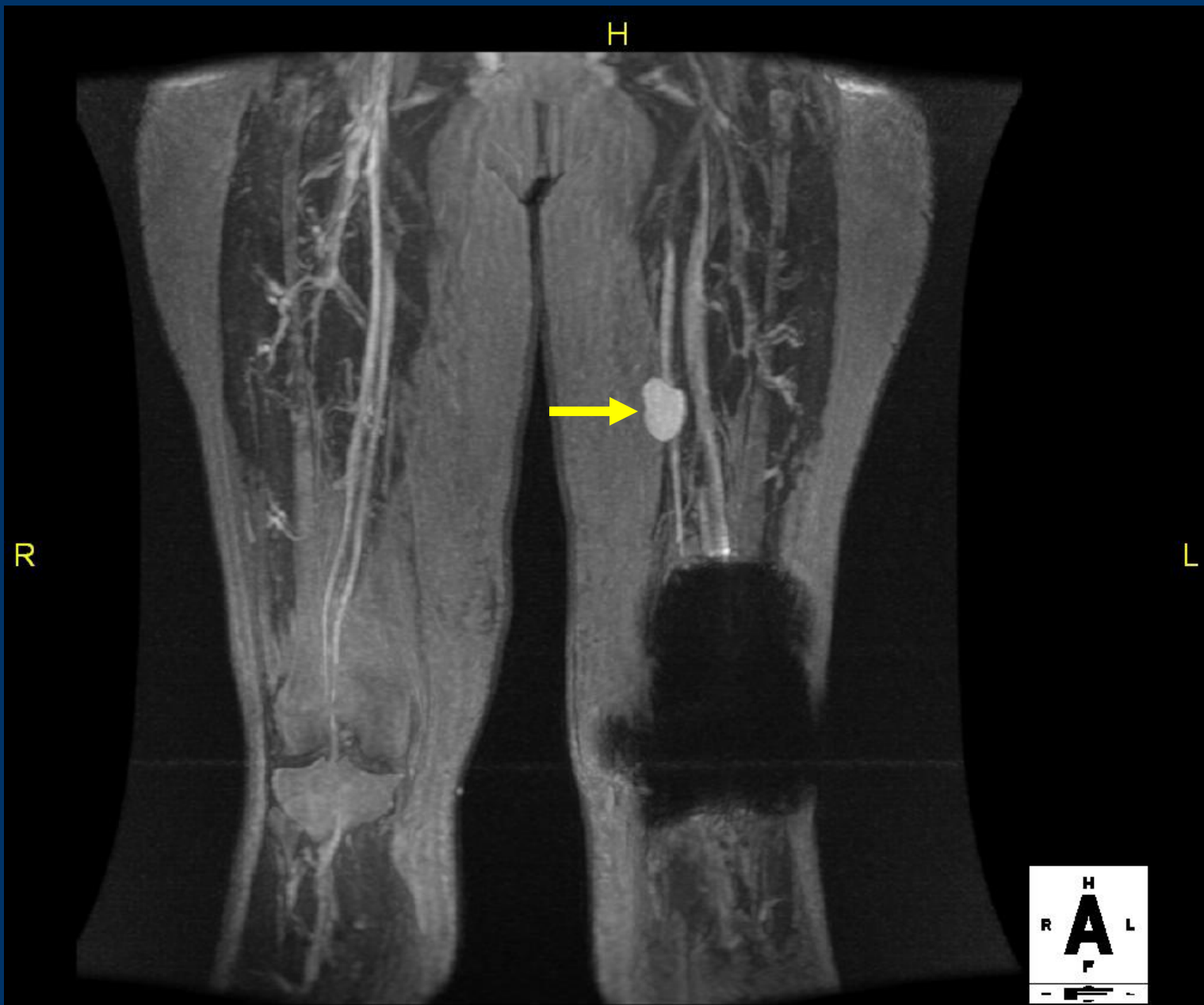
HPI (cont)

Began to have recurrent LLE claudication.

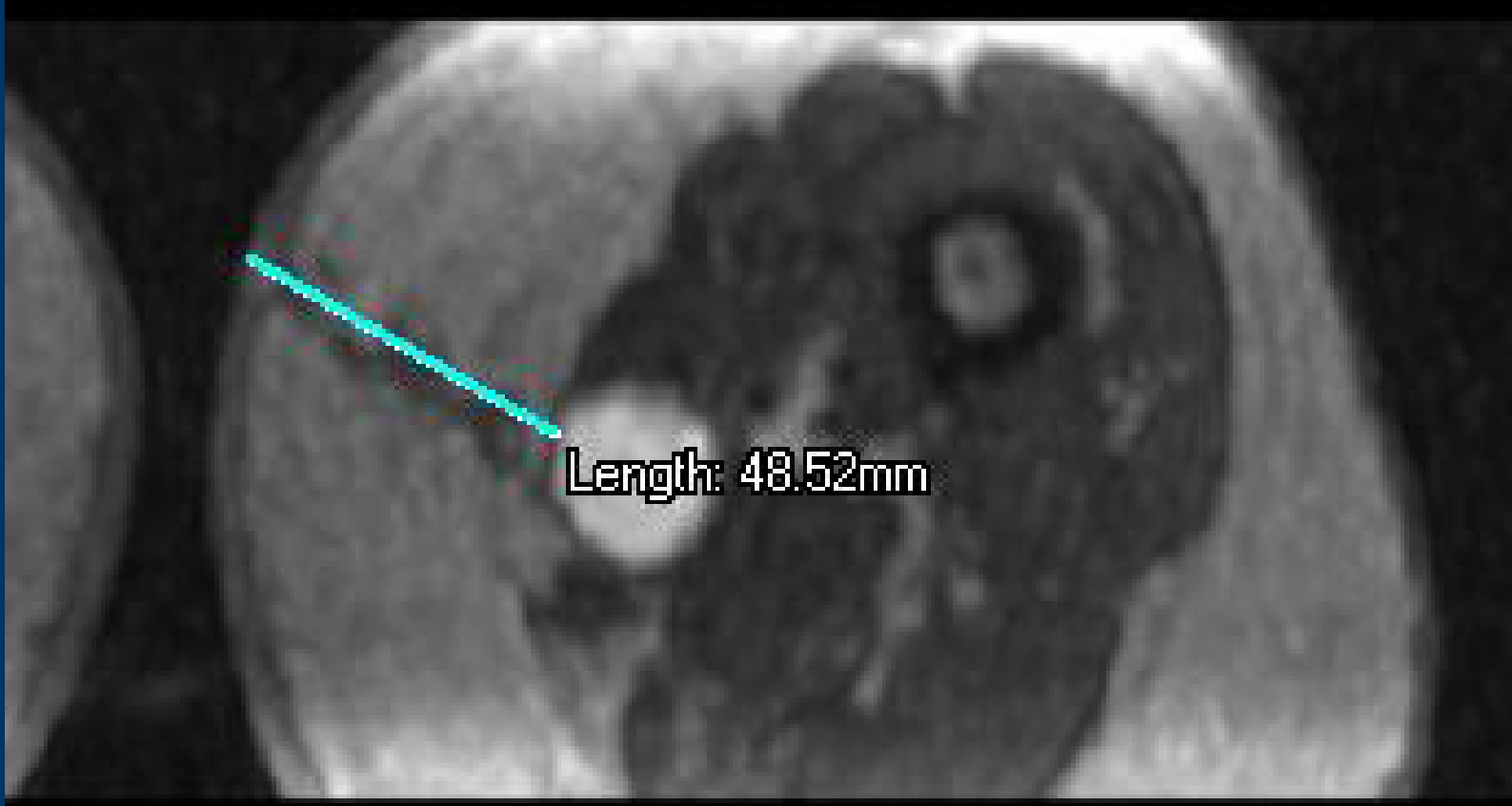
Evaluated by duplex and found to have a 2.3x2.3 cm pseudoaneurysm in the mid thigh. MRA confirmed a 2.9 cm pseudoaneurysm in the left mid thigh.

Duplex (5/08): elevated velocity of 517 cm/s in the area of the venovenous anastomosis and a narrowed vein graft segment distal to pseudoaneurysm. ↓ ABI 0.56 (from 0.94 in 4/08)









Operation:

- Resection of SVG bypass pseudoaneurysm
- Revision Femoral to Popliteal artery bypass with interposition vein graft

Findings: 4x2 cm pseudoaneurysm



