



RIGHT FOREARM PSEUDOANEURYSM EXCISION - POST AV FISTULA

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ABSTRACT

Post av fistula radial artery pseudoaneurysm is rare entity with great significance because of risk of complications like thrombosis and rupture and should be operated early whenever diagnosed. our case report has 22 year female patient with chronic renal failure on regular biweekly dialysis. She developed right radial artery pseudoaneurysm six months after av fistula. A pseudoaneurysm, also known as a false aneurysm, is a hematoma that forms as a result of a leaking hole in artery. Hematoma was contained by the surrounding tissues. Also it must continue to communicate with the artery to be considered a pseudoaneurysm.

KEYWORDS: PSEUDOANEURYSM, A V FISTULA, HEAMATOMA.

BACKGROUND:

Post av fistula radial artery pseudoaneurysm is rare entity with great significance because of risk of complications and it should be operated early whenever diagnosed. Majority of time it can be easily excised without any arterial sacrifice. But in some of rare cases where radial artery was adherent to pseudoaneurysm, the excision of part of radial artery along with pseudoaneurysm followed by ligation of proximal and distal cut ends may be required. Before such excision of part of radial artery, ulnar artery patency must be confirmed clinically as well as by doppler for limb survival.

INTRODUCTION

Our 22 year female patient has history of right wrist av fistula one year back for chronic renal failure. Since then she was on regular biweekly dialysis via right forearm veins. The patient consented to publication of this report. The patient noticed pulsatile swelling over right forearm two month back which has increased rapidly in last one week. Doppler study s/o partially thrombosed pseudoaneurysm arising from radial artery above the functioning av fistula. decision taken to excise the pseudoaneurysm without damaging the radial artery because of risk of rupture and thrombosis

DISCUSSION

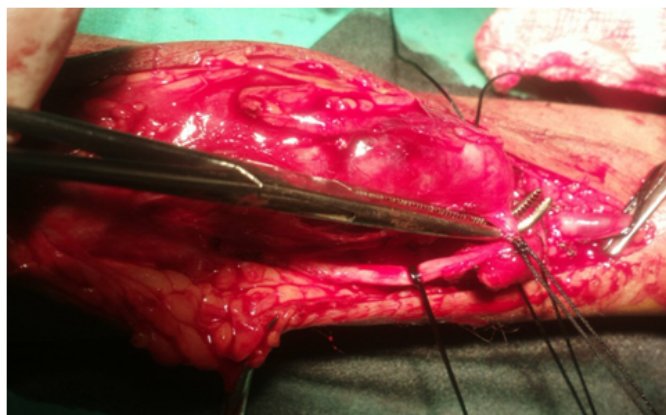
Two incision taken over forearm, one proximal and another distal to pseudoaneurysm along radial artery and radial artery looped proximally and distally. both the incision extended and connected to each other. Pseudoaneurysm separated [figure 1] slowly by finger and cautery from surrounding vital structures followed by ligation of feeding vessels [figure 2]. The opening of pseudoaneurysm into the radial artery identified, ligated, cut and overrun with prolene 5-0 suture and the pseudoaneurysm removed [figure 3] with preserving both av fistula as well as radial artery.

CONCLUSION

By proper anatomical dissection pseudoaneurysm excision without damaging the radial artery was simple and safe even in unexperienced hands. Damage to surrounding vital structure was preventable with proper anatomical knowledge. Timely management was important to avoid the complications of pseudoaneurysm such as thrombosis and rupture.



FIGURE 1- Pseudoaneurysm separated slowly by finger and cautery from surrounding vital structures



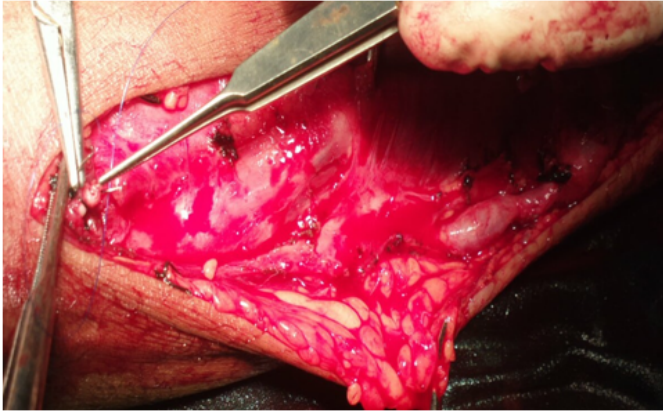


FIGURE 2 -ligation of feeding vessels

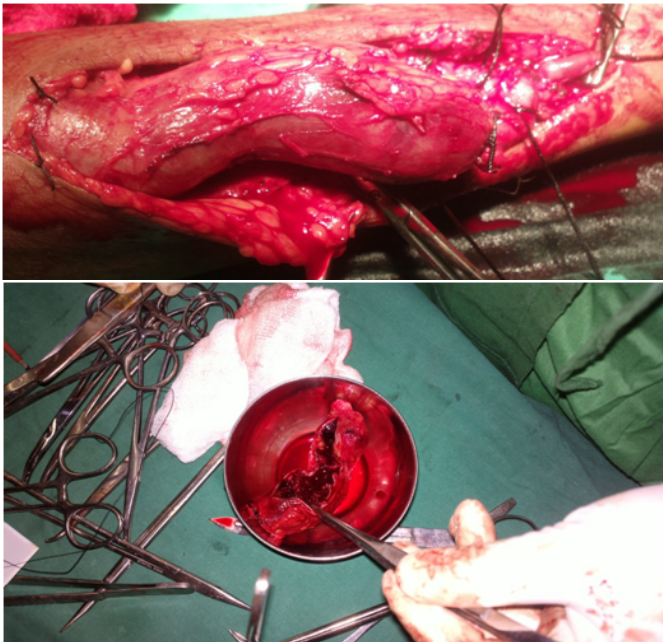


FIGURE 3 - The pseudoaneurysm removed [figure 3] with preserving both av fistula as well as radial artery