

Endoluminal repair of a giant sterile mycotic pseudoaneurysm of the popliteal artery

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Potential conflicts of interest

Speaker's name: Claudio Cigalini

I do not have any potential conflict of interest

31 year old / Female

Past clinical History:

- Mitral valve prolapse
- Infective endocarditis of mitral valve (streptococcus viridans) plus sacroiliitis 6 months before.
- I.V. Ampicillin / gentamicin (2 weeks) - I.V. ceftriaxone / gentamicin (2 weeks) - Oral levofloxacin (4 weeks). Good response.
- Antibiotic prophylaxis

Clinical Presentation:

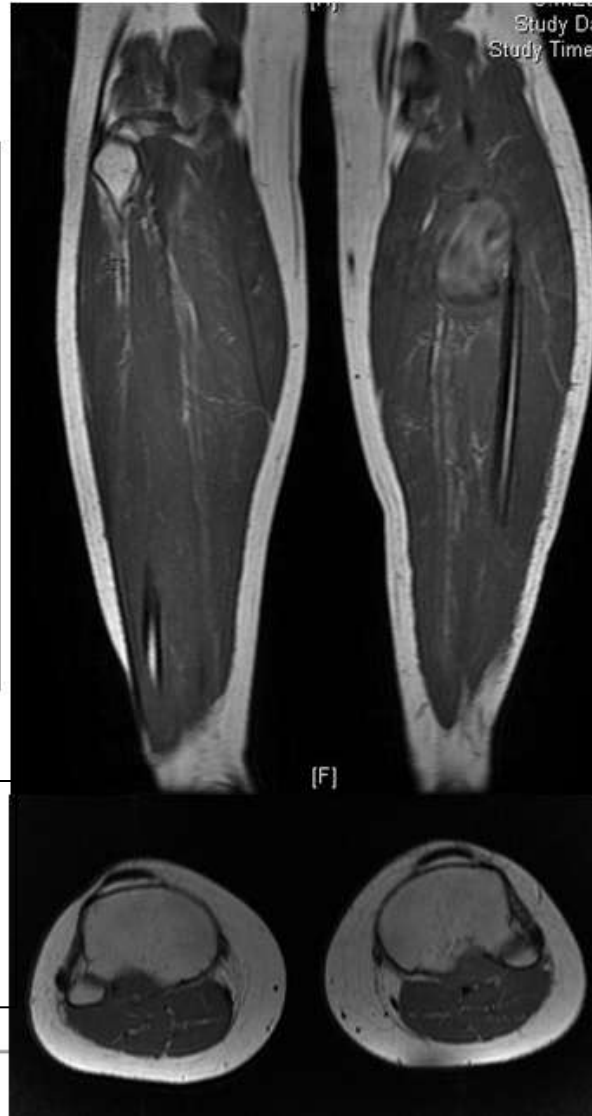
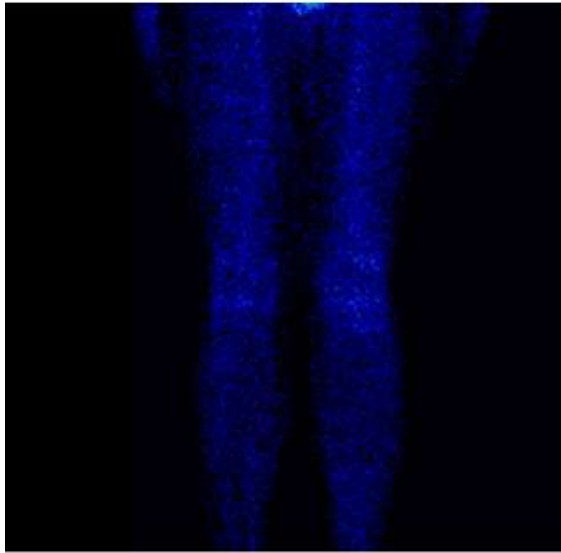
- Progressive intermittent claudication of the left lower limb in the last 4 weeks
 - Rest pain, leg and foot coldness, absence of distal pulses (Rutherford 4)
 - Pulsatile tumor in the popliteal hollow
 - Normal values of ESR and C-reactive protein
 - Serial blood cultures negative
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Noninvasive imaging studies

Magnetic Resonance

Scintigraphy

(99m technetium- cyprofloxacin)

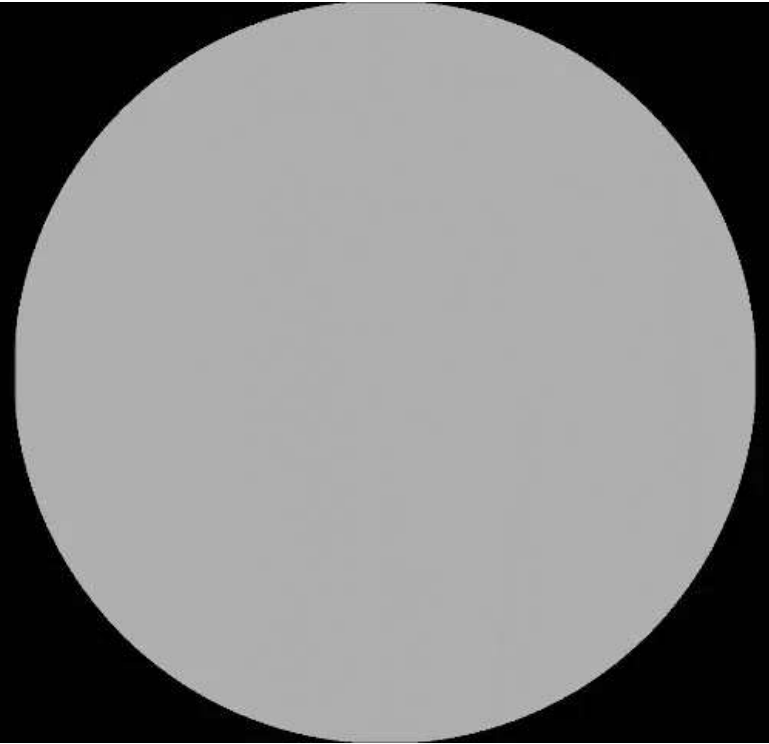
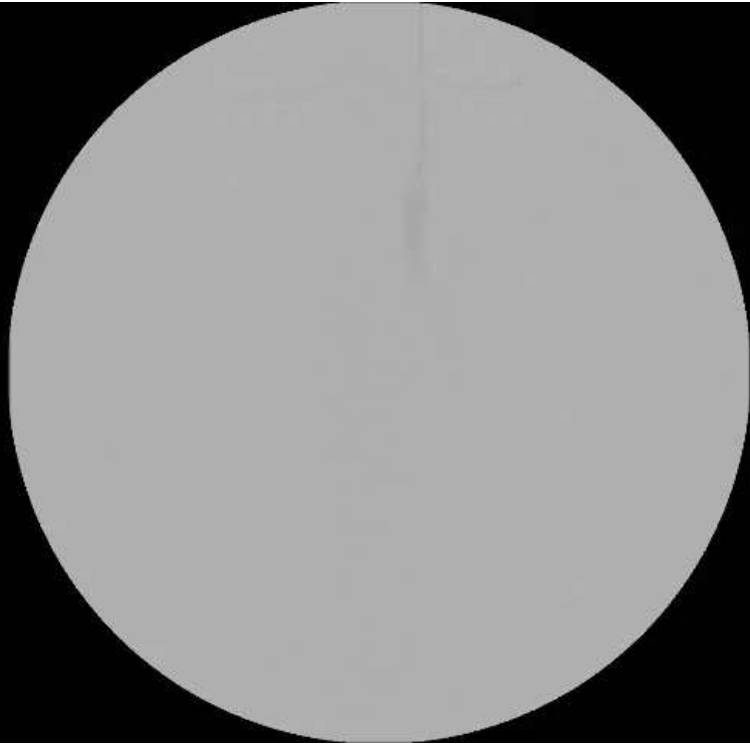


Echo doppler



Pseudoaneurysm with flow inside
Size: 45 x 86 mm.
Without inflammatory activity
Ankle pressure <50 mmHg

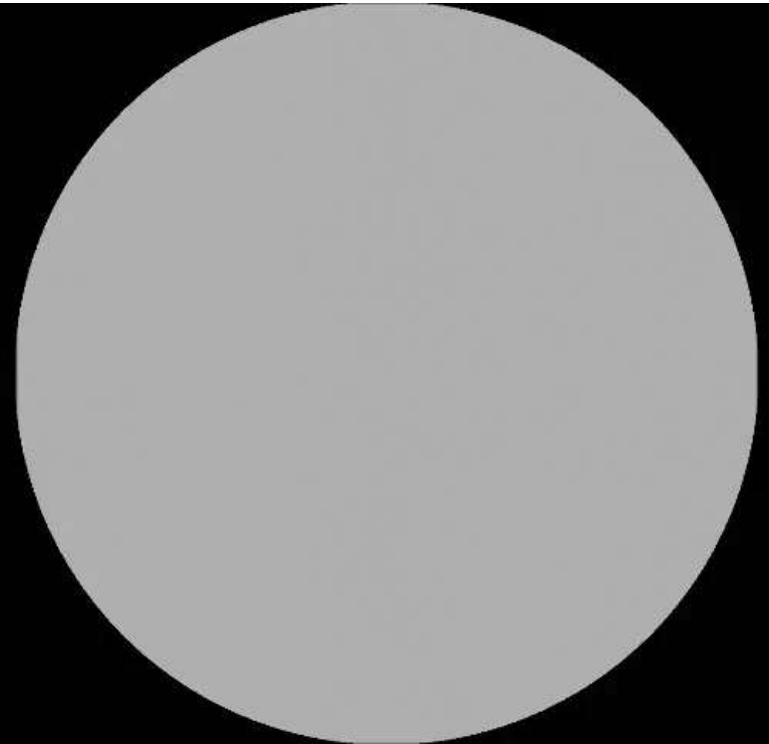
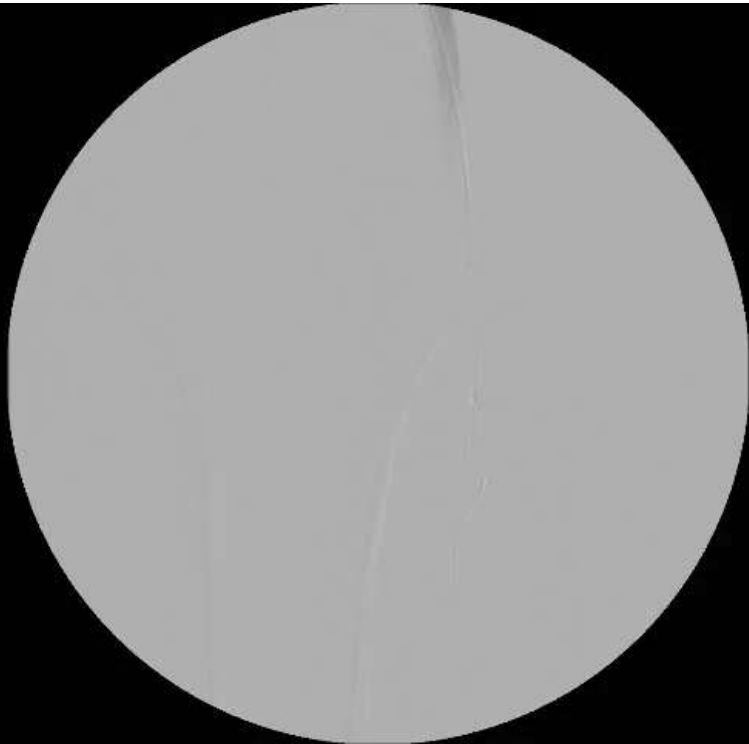
Angiography



Strategy

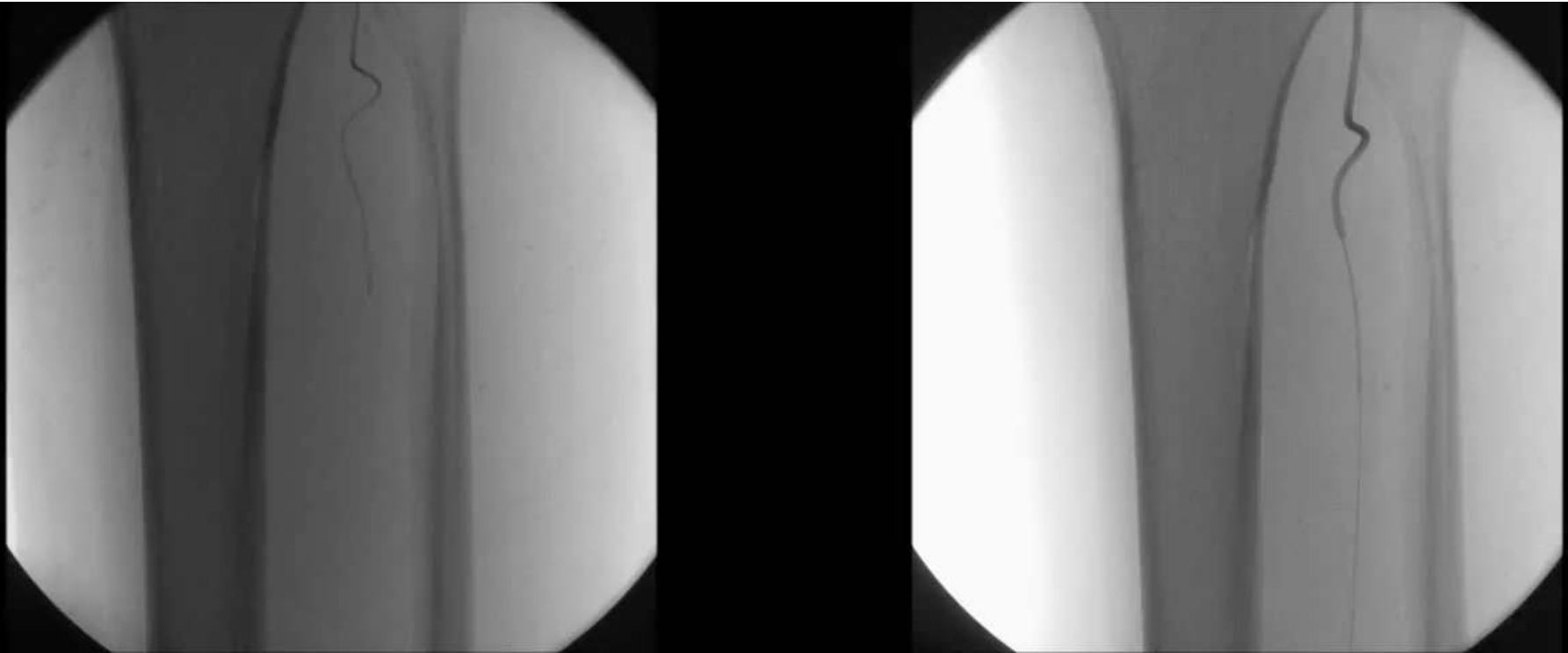
- Endovascular Repair
 - IVUS-Guided PPI
 - Anterograde Approach
 - 7 F sheath
 - Viabhan Heparin-Coated Stent Graft
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Endovascular Repair



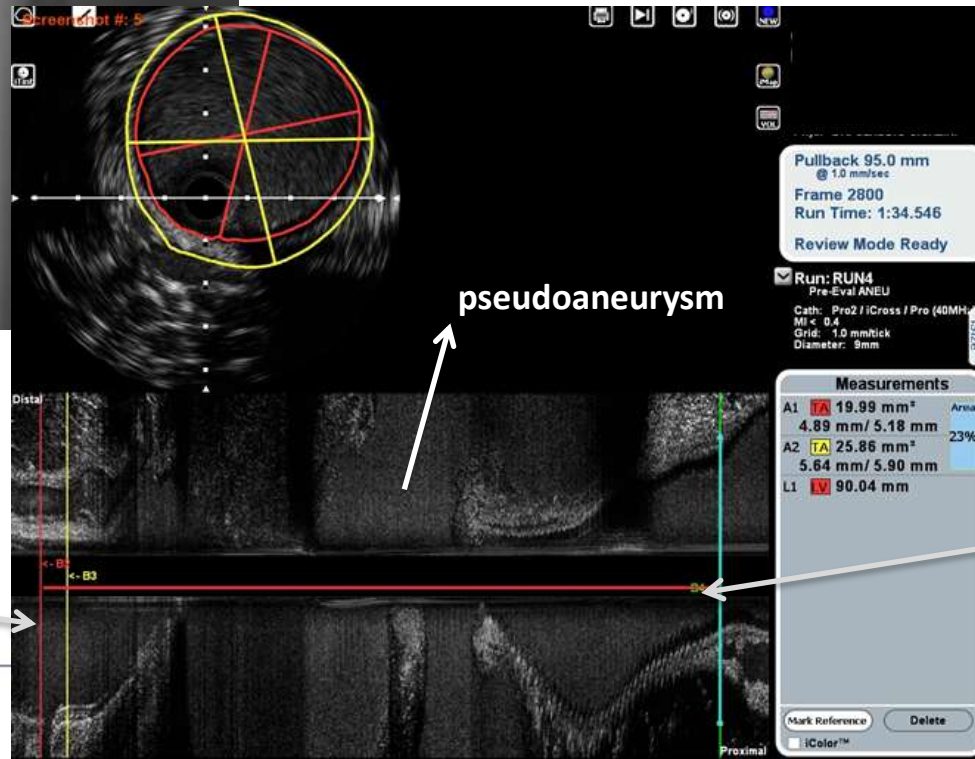
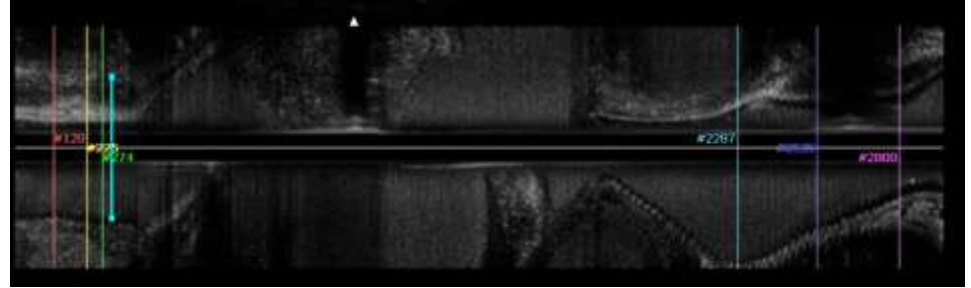
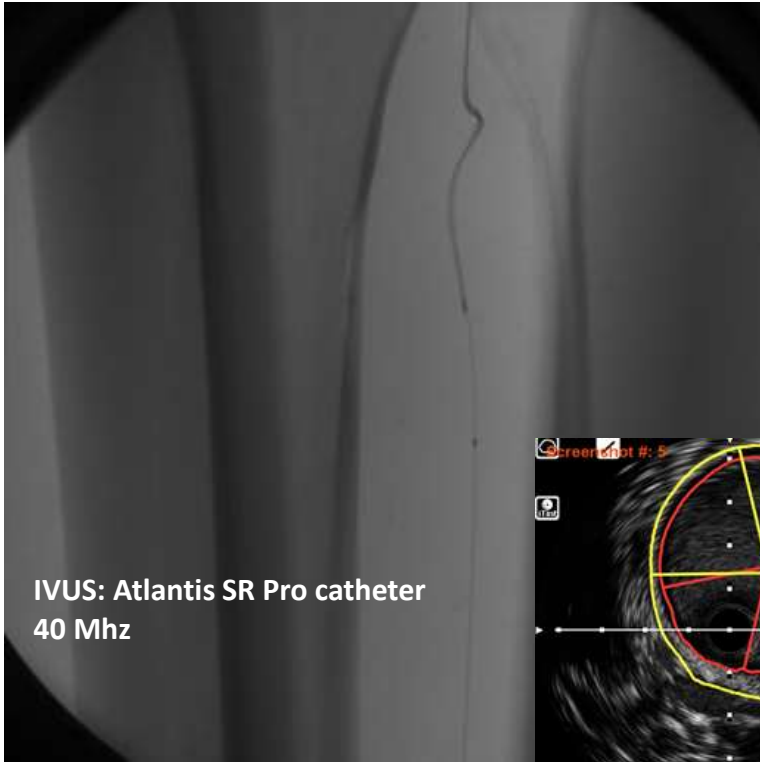
**7F, anterograde approach
Cobra 1, 5 F Glidecath**

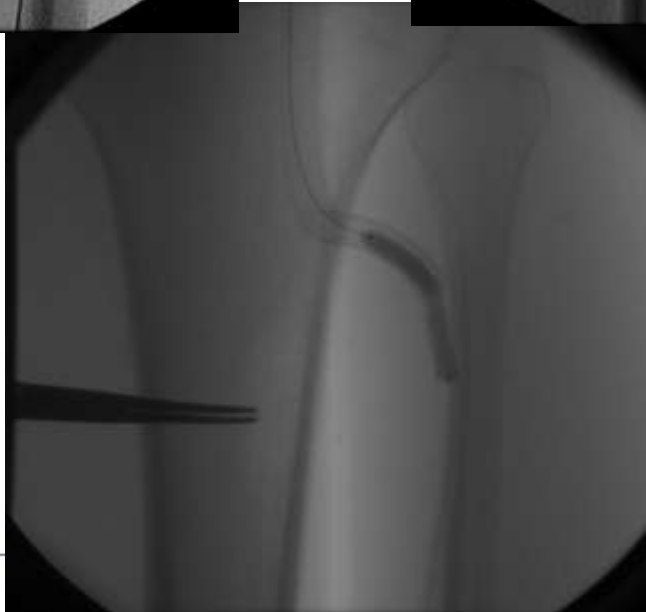
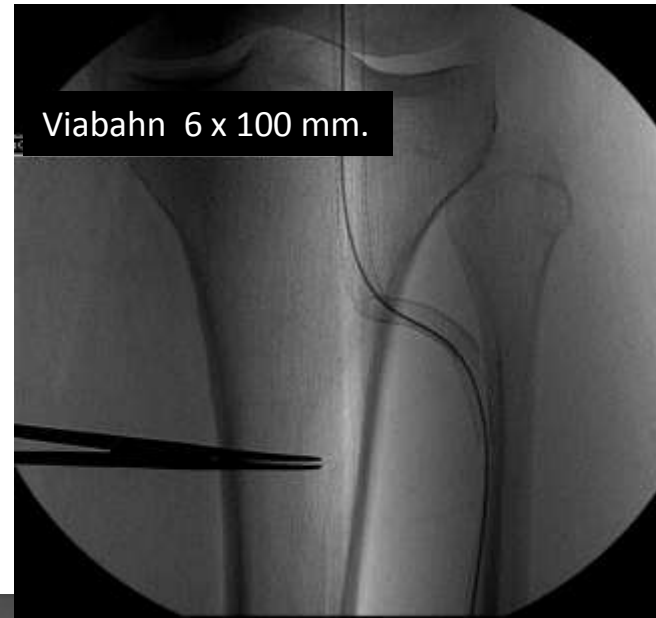
Endovascular Repair



Microcatheter: Progreat 2.7 F
Glidewire 0.018" 90/60 Angle

IVUS



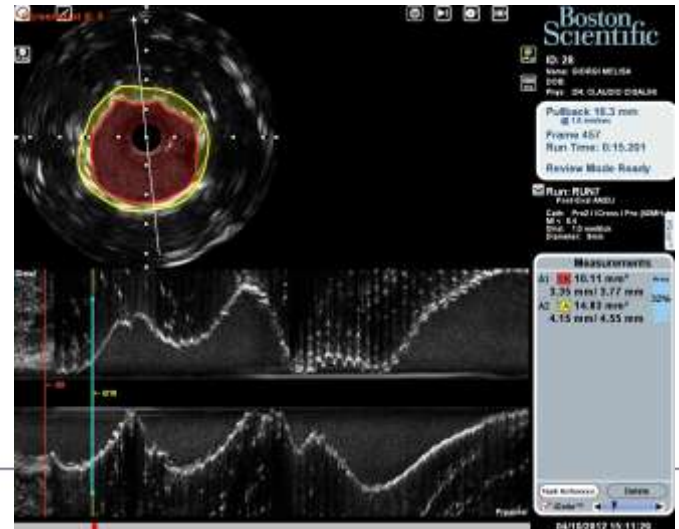
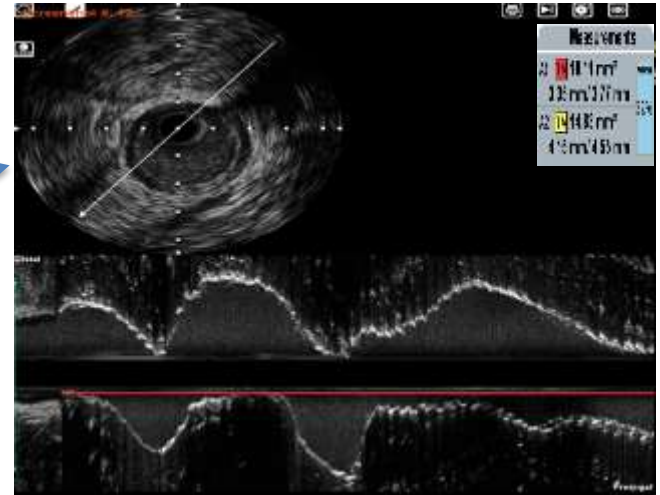


Viabhan Heparin-Coated Stent Graft
Postdilatation:
5 x 40 Balloon distal
6 x 80 Balloon proximal

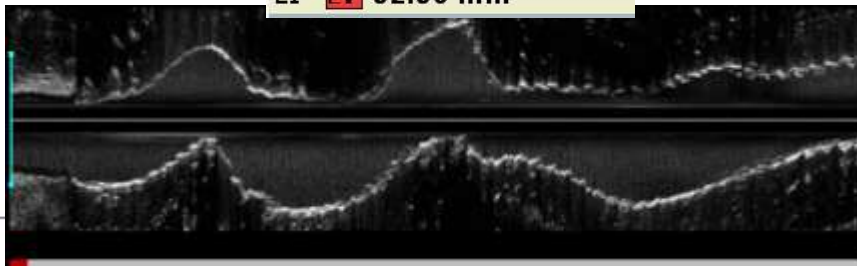
Final Angiography



IVUS



Measurements
 L1 LV 92.96 mm



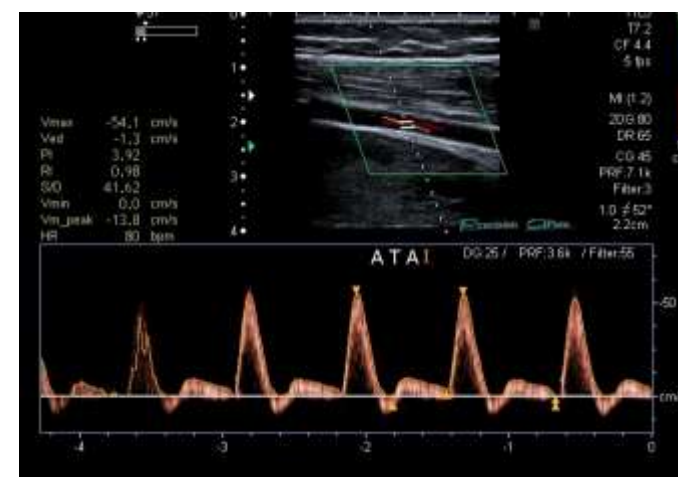
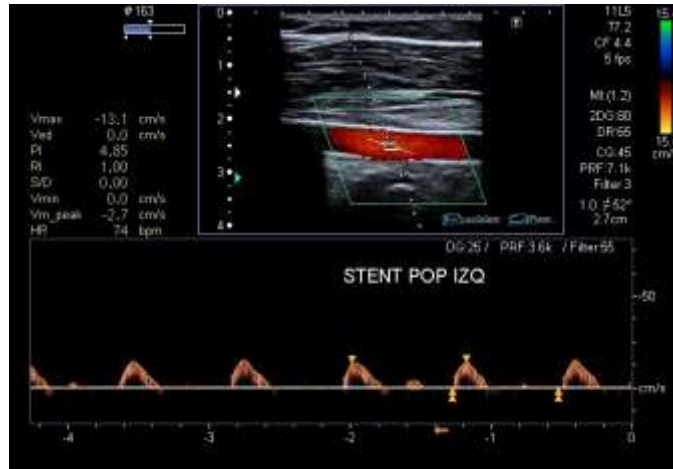
Fluoroscopy



Discharged on 2nd day without complications
Aspirin / Clopidogrel / Esomeprazole

Echo-doppler

(3 month follow-up)



Permeable Stents - No leaks - No restenosis
Thrombosed pseudoaneurysm without flow
Ankle pressure 115 mm Hg
Walking distance 5 km without claudication

MSCT – 6 month Follow-up



Aspirin / Clopidogrel

Take Home Message

- Indication: Vascular Team
 - Planification: IVUS-Guided PPI
 - Follow-up: long-term outcome
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