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Background
Traumatic pseudoaneurysms are not uncommon in civil practice but their management remains a clinical challenge. In this study, we aim to document and analyze the epidemiology, presentation and treatment modalities of traumatic pseudoaneurysms in our experience.

Materials and Methods
- Study type: Retrospective observational
- Time frame: 2010 to 2017
- Inclusion criteria: Traumatic PA in the limbs
- Exclusion criteria: Traumatic carotid PA (n=2), Traumatic venous PA (n=1), anastomotic PA (n=2)
- Data analysis: Excel, Epi-info 4.0

Results
Our study included 35 patients, with a sex ratio of 3:1 and a mean age of 35.6±17, but patients with iatrogenic trauma were relatively older (mean age = 56 years, p<0.001). There was associated arteriovenous fistula (AVF) in 11 patients (31%) with lower extremity PAs being associated with a higher risk of AVF formation (RR=3.13, p < 0.03). Patients characteristics and presentations are illustrated on the tables and graphics below.

Outcomes after treatment:
The mean hospital stay was 7±4 days and mean follow-up period was 6 months. The postoperative complication and mortality rates were 8.6% (n=3) and 2.8% respectively. We recorded no case of limb ischemia or secondary amputation, and reintervention was required in one patient for surgical evacuation of compressive hematoma.

Conclusion
- Late presentations of vascular injury of both upper and lower extremity occurring mostly after penetrating trauma.
- Higher risk among young male adults
- Frequent association with arterio-venous fistulae in the lower limbs.
- Open surgical repair remains the preferred treatment, with satisfactory results and acceptable morbimortality rates.