ANASTOMOTIC ANEURYSMS HYBRID TREATMENT IN A CASE OF INFLAMMATORY ARTERITIS

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Anastomotic aneurysms among patients with arteritis are well described in Behçet’s disease, with an incidence of about 30-50% [1], while in Takayasu the evidence is scarce. Although the presumption that the inflammatory state could also promote anastomotic dehiscence and false aneurysm formation, only one report had documented this association with Takayasu Disease:

- Miyata et al [2] presented their 40 years’ experience after surgical treatment of Takayasu’s arteritis: the cumulative incidence of anastomatic aneurysms at 10 and 20 years was 6.0% and 12.0%, respectively. The incidence of anastomotic aneurysm was higher if the intervention was performed for an aneurysmal lesion, and anastomotic aneurysm could develop any time after the operation. However they failed to prove if the occurrence of an anastomotic aneurysm would be related to the presence of inflammation or preoperative use of steroids.
- On the other side, Fields et al [3] presented a casistic with 44 patients and 60 operations, and no false aneurysms during follow up. The authors defended that the anastomotic aneurysm formation could be reduced by constructing anastomoses beyond inflamed areas.

Despite our patient’s clear propensity for the development of anastomotic pseudoaneurysms, it lacked enough criteria for Behçet Disease and as been classified as Takayasu’s disease.


Referred to Vascular Surgery consultation for pulsatile inguinal mass
Clinical and imagiologic findings revealed a left external iliac artery aneurysm with distal extension to femoral arteries, a right external iliac artery stenosis and a right subclavian artery occlusion
Patient was submitted to left ilio-femoral aneuresmectomy with 8mm-Dacron prosthesis interposition
Persisten fluid collection peripheral to dacron bypass: Culture negative Dacron reaction? Immun-mediated?
Left femoral anastomotic aneurysm: extension of the bypass to the proximal popliteal artery with an 8mm-ePTFE
Iliac anastomotic aneurysm: iliac anastomosis and pseudoaneurysm was excluded with stentgryft (Gore® Viabahn), maintaining the only major pelvic arterial inflow, and a transobturator left common iliac artery – popliteal artery bypass with ePTFE and complete Dacron removal
Anastomotic aneurysms

One-year control angio-CT: no evidence of anastomosis disruption or stenosis

De novo right internal iliac artery occlusion

Young man, with one-year history of general malaise
Started corticoid treatment
Histological findings of aneurysm wall showed middle and adventitious layers with inflammatory infiltrate cells without multinucleated giant cells

References: