

Case	(514) Posttraumatic pseudoaneurysm of the distal extremity
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CASE PRESENTATION

16yo male. Fracture of tibia and perone with intramedullary fixation 13 days ago . Refers a mass in the distal extremity

DISCUSSION

Posttraumatic pseudoaneurysm (PS)

- Infrequent cause of vascular injury
- Wear off with spontaneous thrombosis or be complicated by compression of neighboring structures, infection or rupture
- Despict the neck between the injured artery and the PS is the key to diagnosis
- Ultrasound: size, lobes and neck length-width
- Color Doppler: Yin-yang sign
- Duplex Doppler: "to and fro" flow is specific for pseudoaneurysm
- NECT: Intermediate or high density adjacent to PS (breakage is suspected)
- CECT: Smooth and well defined wall except for mycotic PS.Total filling of PS, partial if thrombosis exists. Size, lobes and neck measurements
- Treatment: the size of the PS determines the treatment. Selective percutaneous or endoluminal embolization.Small and asymptomatic PS can have a follow-up.

CONCLUSION

Posttraumatic pseudoaneurysm es an infrequent cause of vascular injury. Despict the neck between the injured artery and the pseudoaneurysm is the key to diagnosis.

To and fro flow in Duplex Doppler is specific for pseudoaneurysm. CECT and CT angiography is useful for size and neck measurements and for treatment planning



Fracture of tibia and perone with intramedullary fixation



Doppler color imaging, "Yin-yang" sign. Solid mass is a surrounding hematoma (arrow)



Doppler spectral imaging depicting "to and fro" waveform in the neck of pseudoaneurysm



CT angiography and VR. Surrounding hematoma (arrows) and pseudoaneurysm measurements

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