A Case Report: Giant popliteal artery aneurysm

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Disclosure

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I have the following potential conflicts of interest to report:

• Employment in industry
• Consultant
Introduction:

• PAAs are rare (<0.1%), but represent the second most common peripheral arterial aneurysms (70%).

• More common in men over 60 years old.

• Atherosclerosis is the most common cause of PAA.

• Until 2014, only five cases of giant PAA have been reported.

• Huge PAAs represent a vascular surgical challenge.
Patients and Methods:

- A 51 year old male, diabetic, hypertensive and heavy smoker.
- Huge pulsatile mass in his left popliteal fossa with severe local and claudication pains.
- The distal pulses were absent.
- Duplex U/S: ABI of the left and right lower limbs was 0.7 and >1, respectively.
- MRI: left popliteal mass 7x9x7cm.
- CTA: giant PAA with mural thrombus inside, and diminished flow of the tibial arteries.
Patients and Methods (cont):

We performed aneurysm resection through double medial and posterior approaches with revascularization using interposition reversed saphenous vein graft in an end-to-end fashion.
Results:

- Follow-up regimen: One month then every three month period for more than three years.
- No complications with consistently intact paedal pulses.
- Follow-up duplex: Excellent graft patency with good distal run-off.
Conclusion:

Open surgical repair was the most appropriate option for such giant PAA with compression syndrome, poor run-off, in a young patient with good saphenous vein conduit.

Aneurysm resection is preferable to aneurysm ligation and bypass as the later has an incidence up to 30% of aneurysm re-growth due to the anastomosing genicular arteries.
Thank You
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