INTRODUCTION

Pseudoaneurysm is characterized by non-dilatation of the 3 layers of the arterial wall, only extravasation of arterial blood, which usually occurs by trauma or iatrogeny, is idiopathically infrequent. The aneurysm is an anomalous dilation located in a specific region of the vessel. The first-choice exam in the case of a suspected popliteal aneurysm is duplex scanning that is inexpensive. Popliteal aneurysm can be treated endovascularly and conventionally. According to the studies, the choice of technique should be made from the clinical picture of each patient.

OBJECTIVE AND METHODS

To describe a diagnostic / therapeutic approach of an idiopathic infected popliteal artery pseudoaneurysm and the importance of duplex scan in late postoperative control with pain reporting. Analysis of the medical record, photographic record of the diagnostic methods and interview with the patient.

CASE DESCRIPTION

Patient male, 76 years, with phlegotic signs in the popliteal region, previous history of diabetes, myocardial revascularization, absence of bilateral saphenous veins. In the physical examination, severe patient, ultrasound showed an image suggestive of abscess / hematoma, duplex scan with evidence of severe popliteal artery stenosis and pseudoaneurysm. Opposed for endovascular treatment with coated stent to exclusion of pseudoaneurysm and angioplasty at the point of stenosis, drained the hematoma and performed antibiotic therapy. After 4 months, in late postoperative control, he complained of pain in the popliteal region, being performed duplex scan that evidenced a popliteal artery aneurysm in the distal part of the stent, was submitted to a new endovascular procedure, where a stent was implanted, with control arteriography characterized by total exclusion of the aneurysm and peripheral artery patent. Hospital discharge the next day in good general condition.

CONCLUSION

Open treatment of popliteal artery aneurysm presents excellent results. In this case, the patient had a severe case of valvulopathy and coronary artery disease and was revascularized without the presence of saphenous veins for by pass. The endovascular treatment with the use of Viabahn® coated stent is less aggressive, fast and performed under local anesthesia with light sedation, reducing the risk of hemodynamic instability. Immediate drainage of the infected hematoma at the site of the pseudoaneurysm and antibiotic therapy was chosen, reducing the risk of worsening of the condition. The follow-up in the late postoperative period with pain complaint is considered of paramount importance to evaluate complications and the presence of new aneurysms.

REFERENCE


Josualdo Euzébio da Silva; Ana Letícia Alves Barbosa; Dalila Barbosa Dellino & Flávia Araújo de Souza Brazões.

Biocor Hospital, Belo Horizonte, Brazil