

Acute ischaemic limb

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CASE REPORT

A 64-year-old man presented to our emergency department with swelling of the right limb and cyanosis of the toes for two days. He had smoked two packs of cigarettes per day for more than 20 years. On physical examination, his vital signs were stable. Painless pulsatile masses over the bilateral groin regions and cyanosis of right toes were noted.

WHAT IS YOUR DIAGNOSIS?

See page 157 for the answer to this photo quiz.

THE HEPATITIS TRIAL GUIDE

A guide to major studies, trials and acronyms of hepatitis B, C and D antiviral therapy



1990-2008, 1st edition
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This guide provides the reader with a summary of published results of major and important trials, mainly from core medical journals on studies of antiviral treatment of hepatitis B, C and D (adults and children). The studies are presented by anti-hepatitis drugs regimen and for different subpopulations, for instance HBeAg-positive and -negative patients. For abstracts presented at conferences the reader is referred to the abstract books. Preliminary or not published results of major antiviral therapy trials are included. The guide is not a manual with directives for antiviral therapy of hepatitis, it merely summarizes conference abstracts and abstracts of published studies.

ANSWER TO PHOTO QUIZ (ON PAGE 156)

ACUTE ISCHAEMIC LIMB

DIAGNOSIS AND TREATMENT

Computed tomography angiography (CTA) showed bilateral thrombosed common femoral artery aneurysms (CFAA) with the one on the right side more severe than the left (figures 1 and 2). The right and left CFAAs were about 10 cm and 8.7 cm in length, respectively. Aneurysmectomy of the right CFAA was performed urgently with reconstruction of the right CFAA with an 8 mm polytetrafluoroethylene (PTFE) graft, and reimplantation of the right profunda femoral artery with an 8 mm PTFE graft. The cyanosis of the right toes recovered immediately after reconstructing the artery. Surgery for the left CFAA was performed smoothly in the same way two weeks later. At follow-up six months later, the patient had made an uneventful recovery.

REMARKS

Aneurysms of the femoral artery are rare.^{1,2} Cutler and Darling classified femoral artery aneurysms as type 1 and 2 depending on the relationship of the aneurysm to the femoral artery bifurcation in 1973. The aetiology of femoral artery aneurysms may be attributed to arterial degeneration or false aneurysms associated with previous vascular reconstructions or arterial injury. Risk factors include cigarette smoking, diabetes, dyslipidaemia, hypertension, and hyperhomocysteinaemia. Acute thrombosis occurs in 15% of the cases.¹ Studies have suggested that duplex scans or CT should be performed in all patients presenting with femoral artery aneurysms based on the high incidence of associated aneurysms, such as contralateral femoral

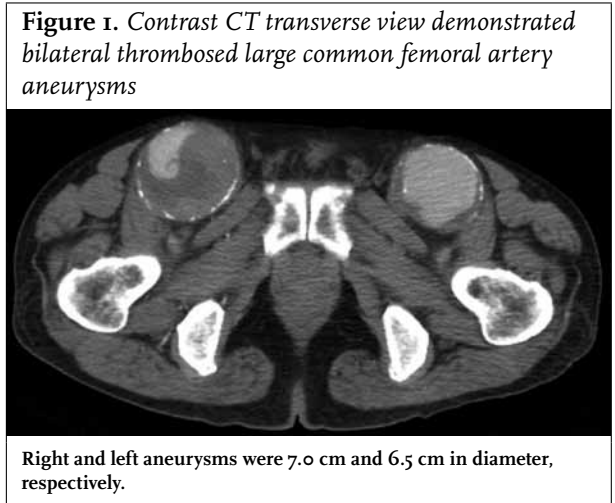


Figure 2. 3D CTA revealed bilateral thrombosed CFAAs with the one on the right more severe than left



or abdominal aortic aneurysm.³ Large or symptomatic aneurysms warrant early operative intervention. Groin pulsatile mass with distal cyanosis hints at a thrombosed femoral aneurysm. Investigations for other aneurysms should take place simultaneously. Early recognition and immediate surgical management in the clinical setting can avoid a life-threatening catastrophe.

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