

Large false aneurysm after subintimal femoro-popliteal recanalization

B. Bachofen, S. Weiss, T. R. Wyss, M. K. Widmer, J. Schmidli

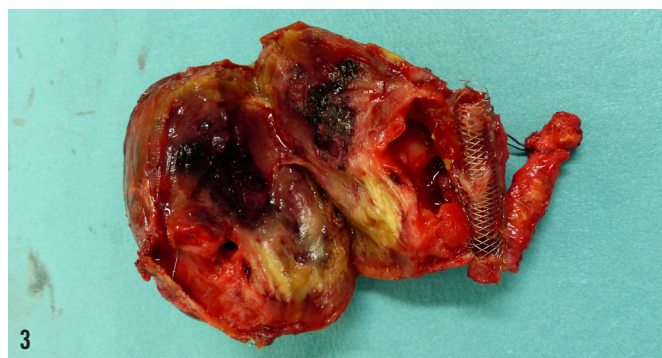
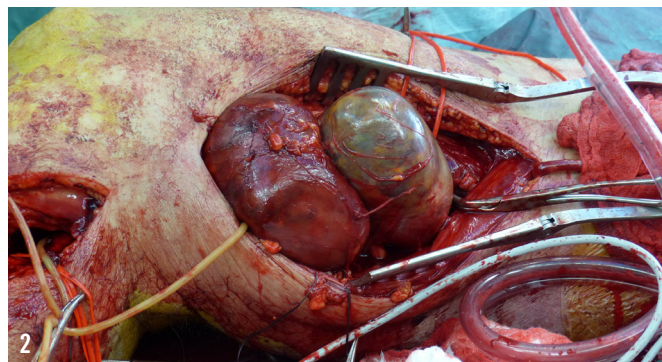
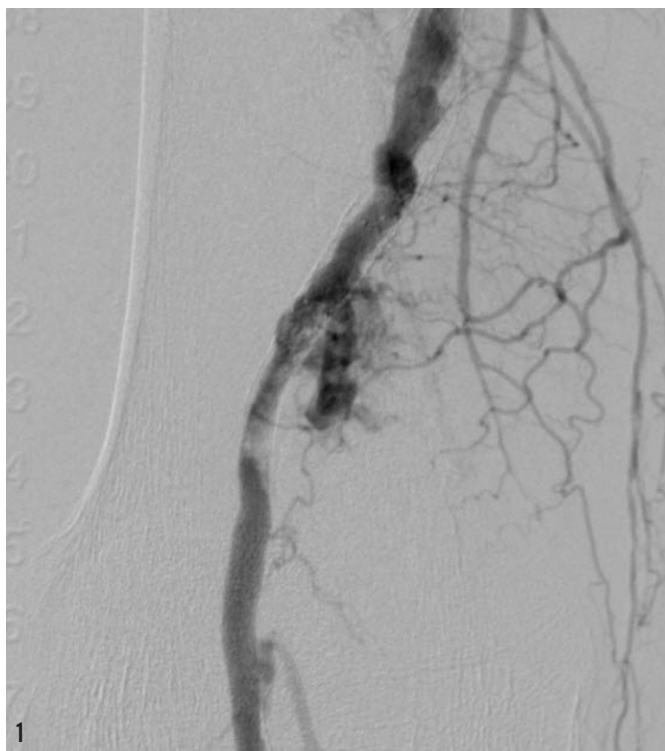
Department of Cardiovascular Surgery, Inselspital, Bern University Hospital, University of Bern, Switzerland

Subintimal angioplasty and stenting is an option in patients with heavily calcified occlusions where intraluminal wire passage cannot be achieved. However, subintimal recanalization may be complicated by vessel perforation.

Case Report

This 61-year-old male underwent intervention for critical limb ischemia. The angiogram of the patient showed a calcified occlusion of the distal superficial femoral artery. After several failed attempts of antegrade and retrograde intraluminal wire crossing, subintimal recanalization with stenting was performed. The completion angiogram showed a small extravasation in the region of the stent (Figure 1). This was repeatedly seen during a re-intervention four years later. Nine years after

the primary intervention, the patient presented with a large palpable mass in the thigh. Magnetic resonance angiography showed two false aneurysms with a diameter of 10 cm at the level of the distal superficial femoral artery. The patient underwent open surgery with excision of the distal superficial femoral artery, the subintimal stents and the partially thrombosed false aneurysms (Figure 2 and 3). A femoro-popliteal great saphenous vein bypass was performed.



Subintimal recanalization may be complicated by vessel perforation. To avoid future complications, extravasations of the femoro-popliteal arteries after subintimal recanalization should be treated promptly, e. g. using prolonged low pressure ballooning or covered stents. Ongoing extravasation calls for further imaging to rule out a relevant false aneurysm.