Unusual curative embolization of the mycotic aneurysm of the inferior gluteal artery

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A 76-old lady with a history of bacterial endocarditis, was referred for definite diagnosis and endovascular treatment of the clinically suspected high flow AVM in the left buttock/hip causing debilitating and unmanageable heart failure. The Ultrasound exam including the colour and pulse wave Doppler as well as the CT angiogram (neither shown here) were performed in order to ascertain this further.

Using right common femoral artery approach and the crossover technique the catheter angiogram showed the large mycotic inferior gluteal artery aneurysm with radiological features of a high flow AVM - A.

The access was secured with Fr. 8 Flexor® Check-Flo® Introducers Balkin Up & Over® Contralateral Design, Cook Medical. The aneurysm was catheterised super-selectively using Fr. 5 Cobra 2 and Fr. 5 multipurpose catheters. The system was made three axial by using the second Fr. 7 Flexor® Check-Flo® Introducers Balkin Up & Over® Contralateral Design, Cook Medical for extra support - B.

The vicinity of the sciatic and posterior femoral cutaneous nerves was prohibitive of a dense packing hence two hydrophilic diagnostic floppy 0.018 Platinum Plus - non hydrophilic shapeable 9 cm tip 260 cm guidewires were used – C instead for the treatment by packing these loosely in “8” shape. The control angiogram showed complete flow cessation in the aneurysm - D.

The patient had a bespoke recovery regiment by sitting up overnight and most of the time over the first 24 hours and mobilising slowly until day 7. The heart failure resolved completely and the patient resumed fully active life 3/12 after the procedure. Upon her full recovery the patient declined any further follow up.