Endovascular rescue of ruptured pseudoaneurysm of External iliac artery caused by Protrusio Acetabuli Prosthetica

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Disclosure

Speaker name:

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☐ I do not have any potential conflict of interest
History

- A 59 year-old male S/P total Rt. hip replacement last 10 years present with Rt. hip pain for 3 months and sudden onset of fainting.
- At ER, physical examination showed BP 80/60 mmHg, mild pale conjunctiva, mild tenderness at Rt. hip and shortening of Rt. leg.
History

• IV fluid was administered to resuscitate this patient.
• After patient was stable, portable pelvis x-ray was performed.
X-ray of supine pelvis demonstrated migration of the femoral head component of the prosthesis into the right side of the pelvis with a dislocated acetabular component.
History

• Vascular injury or ruptured aneurysm were suspected.
• Patient was requested for CT angiography immediately.
History

- CT angiography showed ruptured pseudoaneurysm of Rt. EIA caused by Protrusio Acetabuli Prosthetica.
- Patient was transferred to OR instantly.
Procedure

- Endovascular treatment was prepared immediately.
- Lt. Brachial artery was cut down.
- We advanced 0.035 hydrophilic guidewire and 5 Fr. catheter gradually to Rt. common iliac artery.
Procedure

- Angiography showed extravasation of contrast media from Rt. EIA.
- Supracore wire was substituted after 0.035 hydrophilic guidewire and 5 Fr. Catheter was pass into Rt. common femoral artery.
Procedure

- Fluency plus stent graft was deployed from Lt. brachial artery access
- Completion angiography showed complete resolution of pseudoaneurysm at Rt. EIA.
Procedure

• Orthopaedist was consulted for revision arthroplasty in that admission.
Follow-up

- Angiography at five-month after operation showed complete resolution of pseudoaneurysm at Rt. EIA and patent of stent graft.
- At twelve-month follow-up, patient was getting well.
Conclusion

- Endovascular treatment can save one’s life with good early outcome.
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