

Successful Hybrid Therapy for the Iatrogenic Complication of the Bilateral External Iliac Artery



İatrojenik Bilateral Eksternal İliak Arter Komplikasyonunda Başarılı Hibrit Tedavi

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A 75 year old man was referred to our clinic with acute right leg ischemia that developed after interventional angiography was performed for treating left femoral artery pseudoaneurysm. Three months earlier, he had undergone coronary angiography via the left femoral artery, following which he suffered from left groin pain and swelling. Contrast computed tomography revealed a pseudoaneurysm of the left femoral artery, extending to the iliac artery, and bilateral peripheral arterial occlusive lesions (Figure 1). Angiography was repeated at our clinic via the left groin just below the pseudoaneurysm. There was an occlusion of the common iliac artery due to arterial dissection (Figure 2). After diagnostic angiography, a “cross-over” vascular sheath was inserted into the right common iliac artery. Then, the distal part of the right iliac artery was catheterized, a 0.035-inch guidewire was inserted, and an 8 x 60 mm self-expandable stent was mounted into the left external artery. In control angiography, the right external iliac artery and distal flow were visualized (Figure 3). Just after percutaneous intervention, the left femoral artery pseudoaneurysm was repaired via groin incision, and femoropopliteal bypass was performed with an 8 mm polytetrafluoroethylene graft at the same side. As a result, the iatrogenic pseudoaneurysm of the left iliac artery and dissection of the right iliac artery were both repaired with hybrid approach.



Figure 1. Pseudoaneurysm of the left femoral artery extending to the iliac artery.

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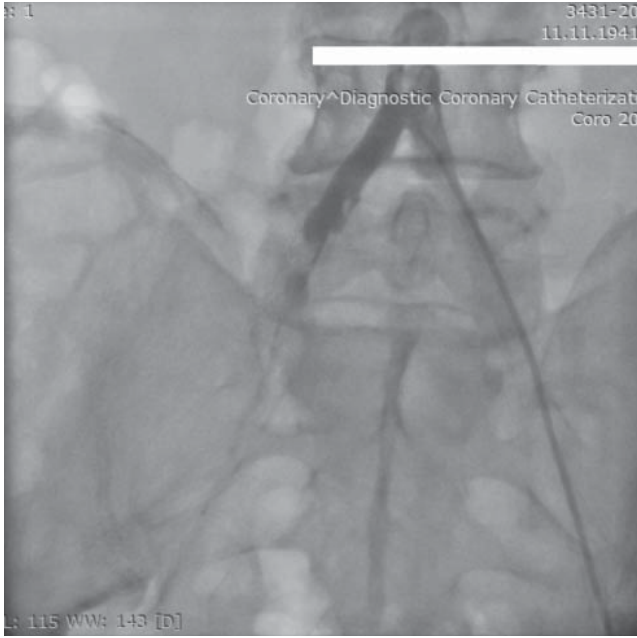


Figure 2. Occlusion of the iliac artery due to arterial dissection.



Figure 3. In control angiography, the right external iliac artery and distal flow are shown.