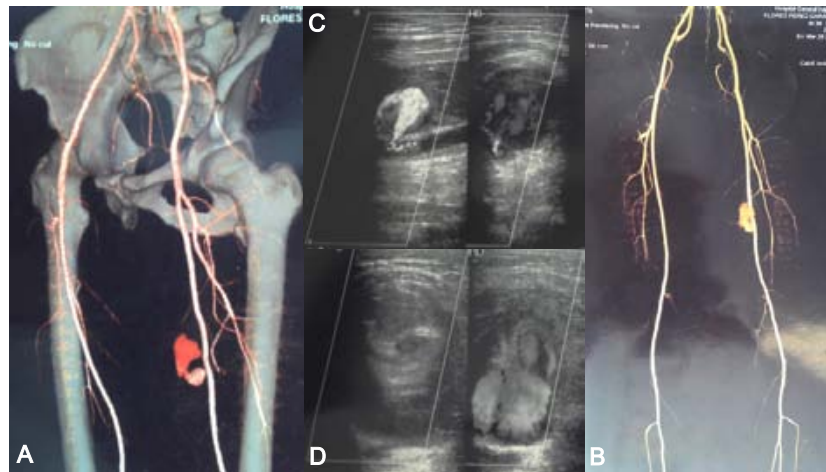




## Femoral Artery Pseudoaneurysm

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A,B.- Left superficial femoral artery pseudoaneurysm in angio-TAC. C,D.- Ultrasound with partially thrombosed femoral artery pseudoaneurysm.

Received: Jul 12,2011  
Accepted: Ago 03,2011

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**P**seudoaneurysm or "False aneurysm" is a rare injury that may affect the wall of an artery or the heart wall. It occurs as a result of the effect of any injurious stimulus against this structure, leading to the leakage of blood into an external fibrous compartment containing the hematoma. Bleeding in a pseudoaneurysm is contained by the adventitia and/or surrounding fascia generating a very fine wall, and the hematoma thus formed is gradually surrounded by a layer of fibrous tissue, analogous to the normal adventitia artery; while the three layers of the vessel wall are preserved in the true aneurysm (tunica intima, media and adventitia), the diameter of these pseudoaneurysms increases with the passage of time due to blood pressure.<sup>1</sup>

Various causes have been described as to its etiology: trauma, infection, inflammation, neoplasia and site of anastomosis in vascular graft.<sup>2</sup> The femoral artery pseudoaneurysm (FAP) occur in 0.1% to 0.2% of diagnostic angiograms and 0.8% to 2.2% following interventional procedures. The incidence of FAP has recently increased with the more frequent use of thrombolytics, antiplatelet agents and anticoagulants, and larger-sized cannulas for interventional procedures.<sup>3</sup>

The most common clinical presentation is a combination of inguinal pain and tumefaction, rarely is there a significant bleeding present. The diagnosis is clinically confirmed through ultrasound and arteriography.<sup>1,4</sup> The management of pseudoaneurysms can be either surgical or radiological.

Radiological intervention includes thrombin through transcatheter embolization or direct percutaneous injection guided by ultrasound. Surgery, in turn, comprises aneurysmectomy with arterial repair by placing a prosthesis and carrying out deep femoral artery ligation as well.<sup>5,6</sup> In patients with huge pseudoaneurysms or radiological interventions failure, surgical management is the only choice.<sup>2</sup> Complications of pseudoaneurysms include rupture, distal embolization, local pain, neuropathy and local skin ischemia.<sup>7</sup>

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