

Neglected Iatrogenic False Aneurysm of the Ulnar Artery

Bakzaza O^{1*}, Aghoutane N²

¹Assistant Professor of Vascular Surgery, Faculty of Medicine and Pharmacy of Fes, Department of Vascular Surgery Moulay Ismail Military Hospital, Sidi Moumen Ben Abdellah University, Fez, Morocco

²Vascular Surgeon, Faculty of Medicine and Pharmacy of Fez, Department of Vascular Surgery Moulay Ismail Military Hospital, Sidi Moumen Ben Abdellah University, Fez, Morocco

DOI: [10.36348/sijap.2022.v05i05.002](https://doi.org/10.36348/sijap.2022.v05i05.002)

| Received: 01.04.2022 | Accepted: 08.05.2022 | Published: 28.05.2022

*Corresponding author: Bakzaza O

Assistant Professor of Vascular Surgery, Faculty of Medicine and Pharmacy of Fes, Department of Vascular Surgery Moulay Ismail Military Hospital, Sidi Moumen Ben Abdellah University, Fez, Morocco

Abstract

Vascular complications during an ulnar procedure are very rare. However, they must be identified quickly. We report a case of a 68-year-old hypertensive patient who was admitted to the emergency department for unstable angina, where she underwent coronary angioplasty via the left ulnar route. She was referred to us for management of a pseudoaneurysm on the inside of the wrist facing the ulnar artery one month later.

Keywords: iatrogenic false aneurysm, ulnar artery.

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CLINICAL CASE

This is a 68-year-old hypertensive patient who was admitted to the emergency department for unstable angina, where she underwent coronary angioplasty via the left ulnar route.

The follow-up was marked by the occurrence of a hematoma with moderate muscle infiltration that evolved well under local compression.

The patient was declared discharged on day 5 under a double antiplatelet therapy. One month later,

she was referred to us for management of a pseudoaneurysm on the inside of the wrist facing the ulnar artery which had been completely thrombosed with the presence of a skin ulceration opposite (Figure 1).

Surgical treatment was performed with flattening of the false aneurysm, extraction of the thrombus (Figure 2), and cutaneous closure after a freshening of the edges. The postoperative course was simple.



Figure 1: Thrombosed ulnar artery pseudoaneurysm with adjacent skin loss



Figure 2: Thrombus du faux anévrisme

DISCUSSION

The use of the ipsilateral ulnar approach is a demanding but reliable alternative in the event of radial access defect [1, 2].

Vascular complications during an ulnar procedure are very rare. However, they must be identified quickly. A pseudoaneurysm is a pulsating, expanding hematoma communicating with the lumen of the vessel.

This complication can become thrombosed after a long manual compression or the installation of a mechanical compression system. Bertrand et al. published a simple five-grade classification of upper extremity hematoma with the appropriate treatment for each grade [3].

The authors declare no conflict of interest.

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