

I can feel two femoral pulses in each groin!!

N. Hamada, D. Courtney

University College Hospital Galway, Ireland

A 64 y old male presented to a peripheral hospital with sudden collapse, backache, hypotension & pulsatile epigastric mass. Patient was transferred urgently to our center. Upon arrival he was vitally stable, alert, GCS 15 & asymptomatic. Patient is hypertensive and nonsmoker. On examination AAA could be felt with mild tenderness in epigastrium. Patient has bounding two femoral pulses in each groin. Urgent CTA Aorta was done & showed >10cm juxtarenal AAA with an Aorto-Caval fistula of distal aorta. No extramural leakage and IVC was markedly compressed. Contrast was filling IVC & iliac veins in the arterial phase of the CTA. EVAR was not a valid option for repair due to AAA hostile neck.

Emergency procedure was done; both CFVs & right CFA were exposed & cannulated via transverse groin incisions. Two occluding balloons were inflated in IVC above the level of renal veins & distally. Aorta & IVC then were exposed via a midline laparotomy incision. Infra-renal aorta was clamped proximally & both CIAs were controlled. After arteriotomy & intramural thrombus removal, the Aorto-caval fistula was obvious. The two guide wires in IVC were seen through the fistula from inside the aorta. IVC & aorta were repaired by a direct closure for IVC & 18mm Dacron graft for aorta.

Patient was admitted to ICU postoperatively. He was extubated 24 hours postoperatively (PO) and started oral feeding a day later. He was transferred to HDU on the third PO day. He got myocardial infarction on the fifth day PO & coronary angiogram via radial artery revealed no need for PCI at present. Patient recovered well & discharged home on the tenth PO day.