

Endovascular approach in treatment of hypogastric artery pseudoaneurysm, a rare condition secondary to aorto-biiliac bypass

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PURPOSE

Hypogastric artery pseudoaneurysm (HAP) has a rare incidence and most of them are asymptomatic. It can present with neurological symptoms such as paresthesia, sciatica, weakness of the lower extremity, drooping foot, etc. Causes of HAP include penetrating and blunt traumas, infections, connective tissue disorders, inflammation, tumors that erode the arterial wall and, rarely, atherosclerosis with penetrating ulcer leading to pseudoaneurysm, we present a case of a 61-year-old female patient with hypogastric artery pseudoaneurysm secondary to aorto-biiliac bypass due to aortoiliac disease. Patient was successfully treated with endovascular approach and deploying a balloon-expandable stent graft.

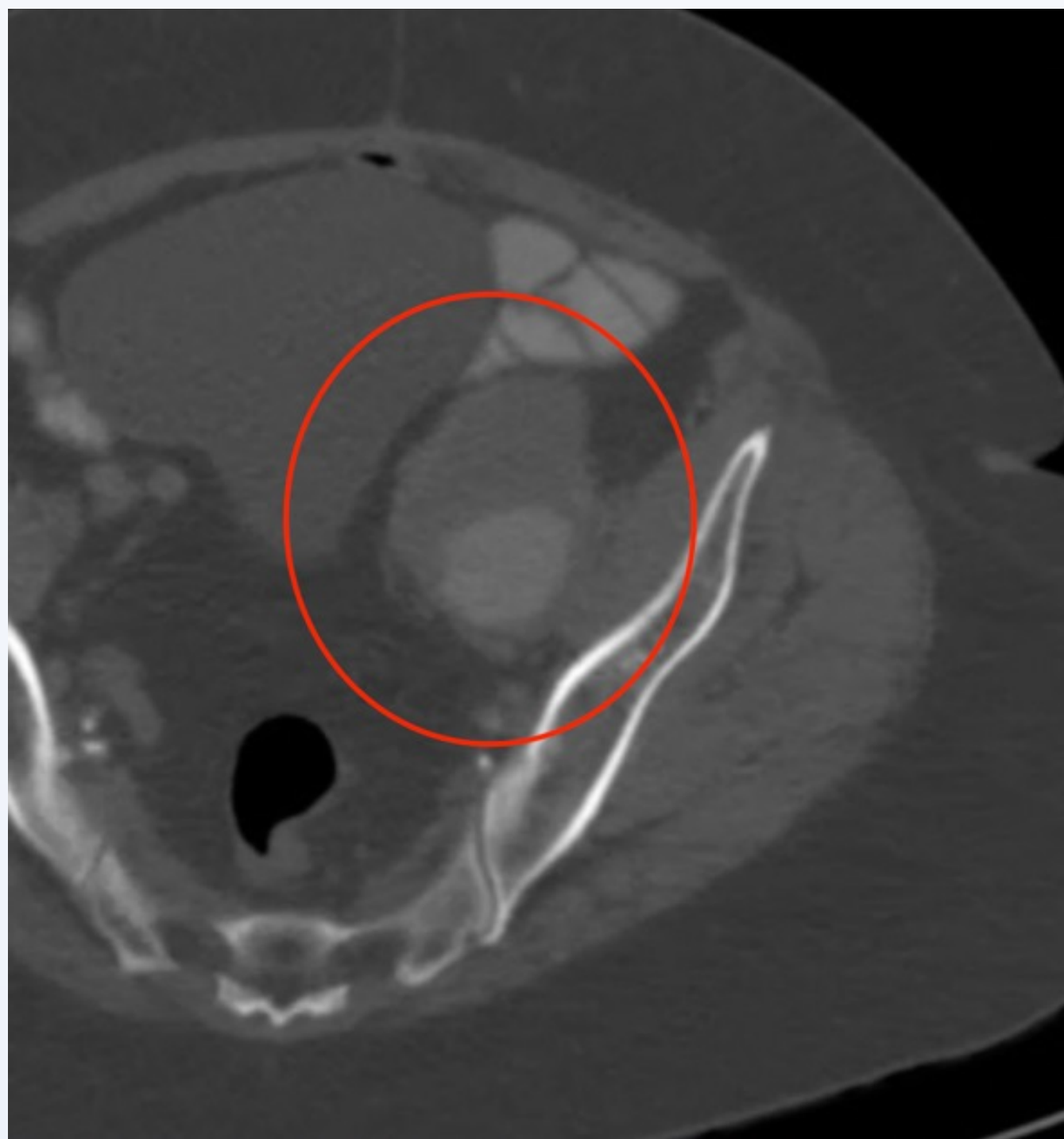


Figure A: CT Scan showing pseudoaneurysm

MATERIAL AND METHODS

A 61 years-old female with history of high blood pressure, smoking, severe aortoiliac disease that required aorto-biiliac bypass 5 years ago, patient complain of pain in the left iliac fossa of 4 weeks of evolution, Angio-CT scan reveals pseudoaneurysm of anastomosis in left external iliac artery with a maximum diameter of 6 cms, after signature consent patient is taken to cath-lab, ultrasound guided puncture of left brachial artery is performed and long sheet 7fr x 70 cm was placed, arteriography is performed observing bypass occlusion, the common iliac arteries were open, with pseudoaneurysm dependent on left hypogastric artery, bilateral external iliac artery occlusion, hydrophilic 0.035 wire guide was advanced to superior gluteal artery, 6 mm x 37 mm balloon expandable stentgraft was deployed at the origin of pseudoaneurysm in the left hypogastric artery.

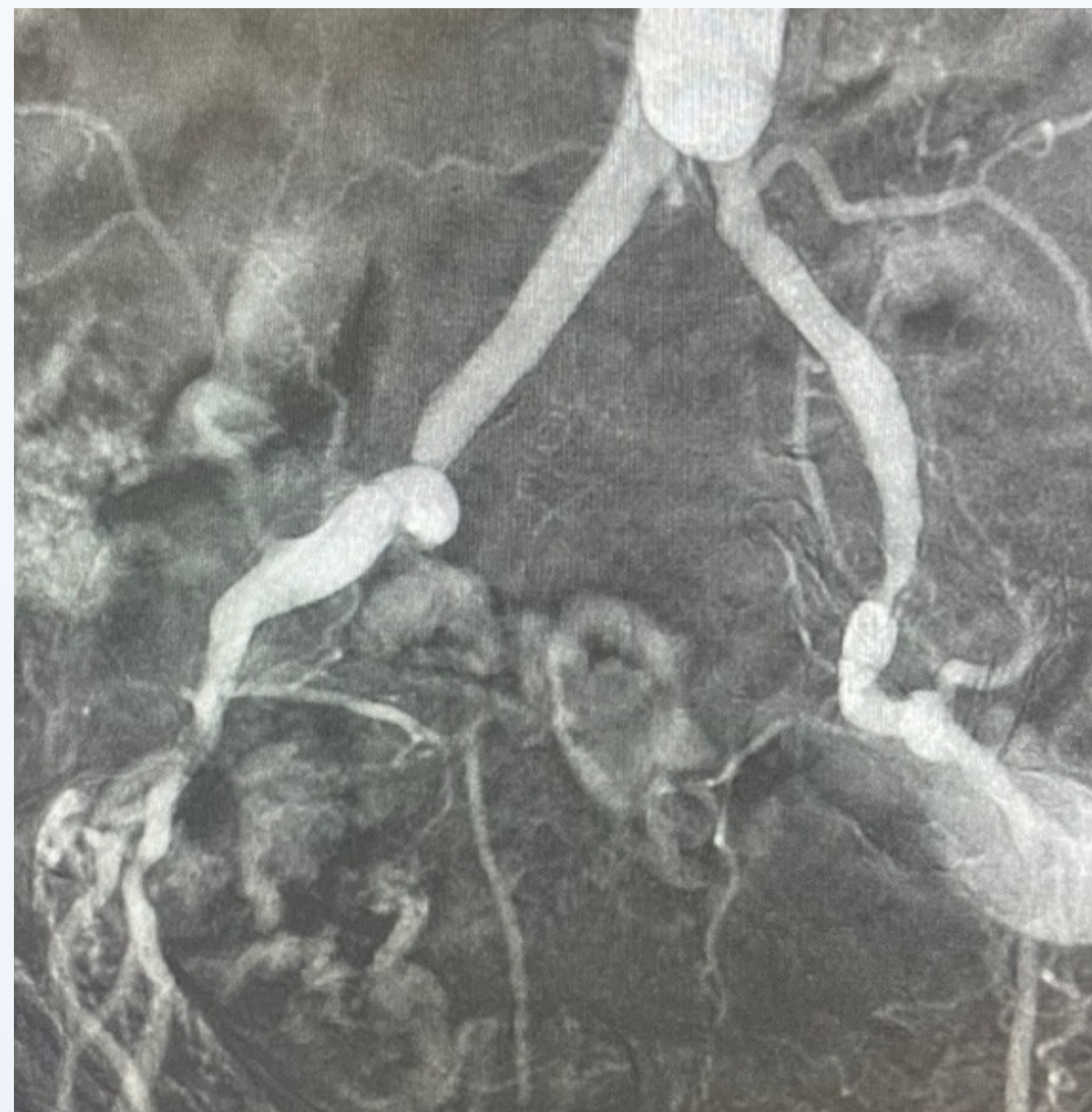


Figure B, Arteriography of distal aorta and iliac arteries

RESULTS

The final arteriography shows satisfactory exclusion of the pseudoaneurysm, with permeability of all the collateral branches that originate in the hypogastric artery, the patient was discharged the next day without pain and remains asymptomatic in follow-up consultation 4 weeks after the procedure.

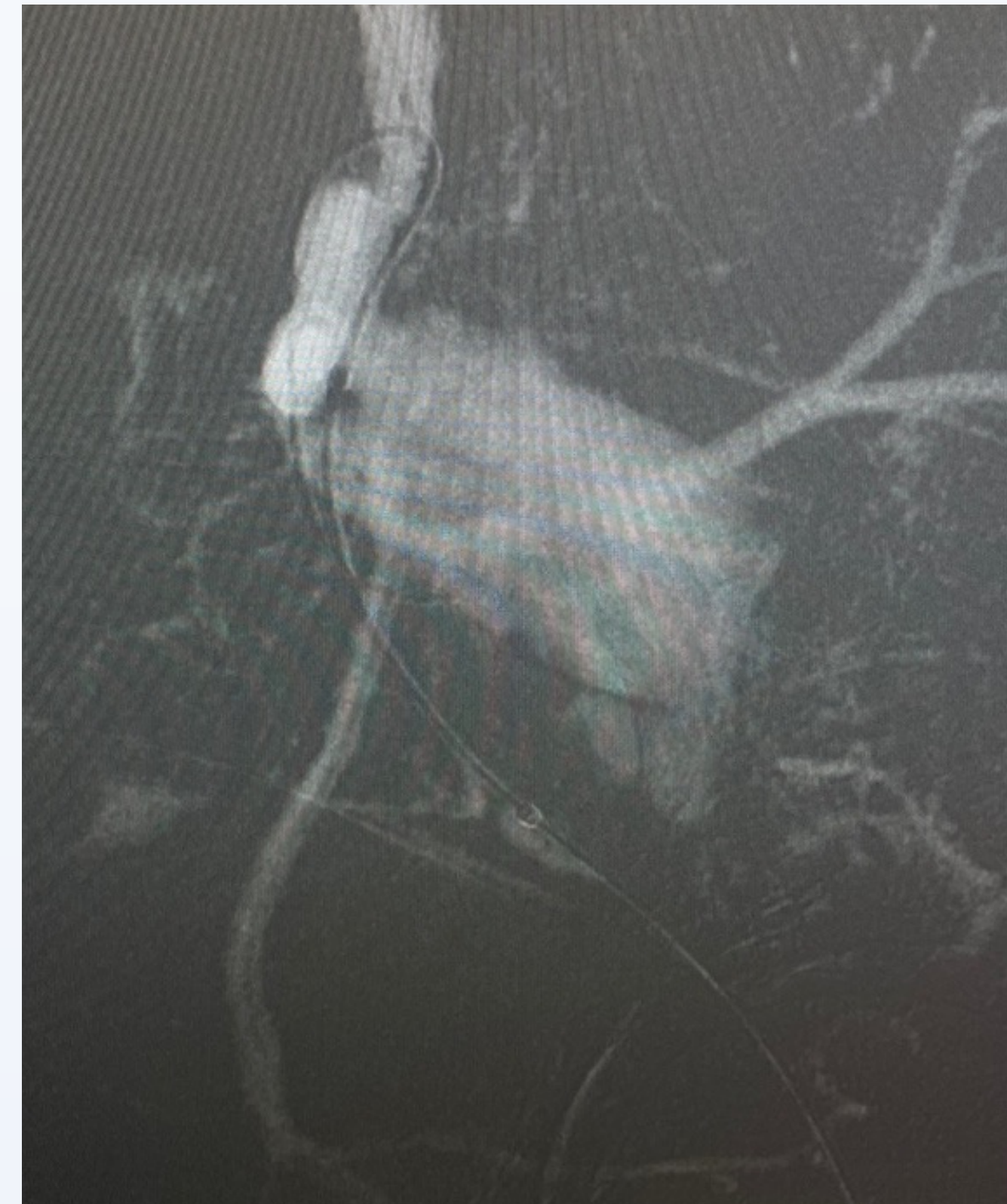


Figure C: Selective arteriography of left interna iliac artery

CONCLUSIONS

The endovascular approach to treat pseudoaneurysm of hypogastric artery is a safe and effective option in the treatment of pseudoaneurysm of hypogastric artery secondary to aorto-biiliac bypass in aorto-iliac disease.



Figure D: final arteriography showing success exclusion of pseudoaneurysm with all internal iliac artery permeable

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