

AB201. 160. Non-anastomotic, non-traumatic rupture of axillo-femoral bypass

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Background: A 49-year-old, ex-intravenous drug user was admitted following a syncopal episode with critical ischaemia the lower limbs. Computed tomography angiography (CTA) revealed infra-renal aortic occlusion with thrombus. The patient had a concomitant Takotsubu cardiomyopathy and an EF of 15%, which delayed surgery.

Methods: He initially refused to give consent for intervention. The left leg became unsalvageable and he then consented for and had left sided axillo-femoral bypass grafting using ringed polytetrafluoroethylene (PTFE) and left above knee amputation only. His right leg subsequently became ischaemic and he had a right axillo-femoral bypass, also with PTFE.

Results: Recovery was uneventful until 4 weeks post operatively, when he presented with a “lump” on his right lateral chest wall at the level of the nipple. It was fluctuant, pulsatile and fluid filled, with a systolic bruit was heard on auscultation. There were no colour or skin changes, tethering or a central punctum. There was no evidence of sepsis at this time. Imaging revealed a complete rupture of the graft, with both ends separated by approximately six centimetres lying within two millimetres of the skin. This was repaired using an interposition graft.

Conclusions: Two other cases of non-anastomotic non-traumatic rupture of an axillo-femoral bypass have been reported in the literature. The company was contacted but would not accept the failed graft for microscopy as Mr. X is hepatitis C positive.

Keywords: Vascular surgery; axillary-femoral bypass grafting; graft rupture

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