

PULSATILE DANGER: ANTERIOR TIBIAL ARTERY PSEUDOANEURYSM AFTER ORTHOPAEDIC INTERVENTION

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A 77-year-old woman with recent orthopaedic surgery consisting of osteosynthesis material removal and platelet-rich plasma application for a previous bimalleolar tibial fracture, presented with a pulsatile mass in the right leg (Figure 1a). Doppler ultrasound demonstrated a pseudoaneurysm of the anterior tibial artery with absent distal flow. Computed tomography angiography and angiography confirmed the diagnosis, additionally revealing an arteriovenous fistula and absence of distal contrast opacification (Figures 1b and 1c).

Endovascular embolization of the anterior tibial

artery proximal to the pseudoaneurysm was performed using MReye® coils (one 5 mm and three 4 mm), achieving complete exclusion of the lesion. Crural outflow was preserved through the peroneal and posterior tibial arteries (Figure 1d). Subsequently, percutaneous drainage of the pseudoaneurysm was carried out with an Abocath® 18G peripheral intravenous catheter, reducing mass effect and minimizing the risk of secondary hematoma infection.

The patient was discharged on the first postoperative day, with an uneventful follow-up.

