

Sacular aneurysm likes tibial popliteal are common, brachial artery aneurysm is rarely seen or reported in Tamilnadu, India

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ABSTRACT

A 60-year-old male presented with a huge mass on right arm just above the elbow joint. He had presented with these complaints with gradual progress in size over a period of 1 year. He denied any significant pain or warmth in the swelling. He also had no difficulty in elbow movements. He was seen by a general practitioner and abscess was suspected and incision and drainage was planned. Patient was examined by the author (Dr. ANK) as a second opinion. He noticed the swelling to be soft and pulsatile with no warmth or tenderness. Suspecting a vascular origin of the swelling, a vascular surgeon (Dr. VS) Consult and a CT angiogram was advised. CT Angiogram revealed a 6.1 x 5.4 x 8.1 cm sacular aneurysm of the right brachial artery with eccentric thrombus. The CT angiogram also picked up a persistent ductus arteriosus

with features of pulmonary hypertension. A cardiology (Dr. PM) consult and a 2 D echo was advised. The PDA measuring 4.6 mm with left to right shunt with moderate pulmonary hypertension (PASP=46 mmHg) with mild LV Dysfunction.

Hence, a surgical excision was planned. In view of the asymptomatic cardiac status, the cardiologist (Dr. PM) advised to proceed with aneurysm excision with a moderate risk of CV events in perioperative period. He underwent successful aneurysm excision with bypass grafting and made an uneventful recovery. The case highlights the unusual location of the aneurysm hitherto unreported to literature. It also highlights the late presentation at 60 years of an asymptomatic yet hemodynamically significant PDA with such significant pulmonary hypertension.

The cardinal teaching of being beware of a pulsatile swelling is again reemphasized.

Key Words: *Acute ischaemia; Embolism; Thrombosis; Arterial occlusion; Limb loss*

INTRODUCTION

The patient came with a swelling in the arm near elbow joint. Patient was seen by a physician locally thought to be an abscess. Hence, he decided to incise & drain the fluid. The 60 years old gentleman reported to KHM Hospital, Anna Nagar, Chennai for second opinion. He was seen by Dr. Kalanitthi former Prof of medicine practicing in KHM Hospital. History revealed a swelling in right arm of 1 year duration gradual onset and progressively increasing in size over 15 days. On examination by Dr. AK, swelling was soft, fluctuant and pulsatile nature of the mass suspect an vascular origin. A sacular aneurysm involves only a portion of the circumference resulting in an out pouching of the vessel wall (1-5).

AIMS & OBJECTIVE

To study the clinical features available and methods of treatment to be given.

MATERIALS

A single case of 60 years old gentlemen presented with a huge mass of right arm above the elbow joint. Since it was pulsatile, CT imaging done which revealed a large aneurysm, arising from the middle of the brachial artery in antero medial aspect of right upper arm with the layer of fluid and minimal edema are visualized around the aneurysm (minimal leak from the aneurysm). Incidental co existing patient ductus arteriosus was also noted during the CT imaging (6-9). The dimension was not reported in the scan center and cd was not provided hence the dimension was not given.

DISCUSSION

The opinion of vascular surgeon Dr. Vidhyasagar of Government General Hospital, Chennai was sought. He has also agreed with the physician of diagnosis of brachial artery aneurysm. After his advice patient underwent successful excision of the aneurysm and grafting. The post-operative period was uneventful and was discharged on the 3 day. Luckily patient came in

time without undergoing incision by a local practitioner who thought to be the mass is an "abscess". Later he came to me and was shown to the reputed vascular surgeon, Dr. Vidhyasagar. It seems this case is the first case he has seen in his 30 years of practice and in my 53 years of practice curable provided by this well reputed vascular surgeon.

CONCLUSION

The case is presented due to the unique location of the aneurysm and its incidental association with a hypertensive PDA and successful treatment.

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