A giant thrombosed isolated femoral artery aneurysm: a rare entity

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INTRODUCTION

A vessel is considered to be aneurysmal when it enlarges to about one and a half to two times the size of the normal vessel. True femoral artery aneurysms are rare and include dilation of all the layers of the vessel wall. They may mimic as groin hernia or lymphadenopathy. Most of the femoral artery aneurysms are seen in male and older than 70 years.¹ Hardy and Eadie first reported an SFA aneurysm in a 70-year-old man in 1972.² Studies of aneurysms of the SFA have shown a rupture rate of 35% to 48%, a thrombosis rate of 13% to 18%, an embolism rate of 9% to 12%, and limb salvage in 94% of cases.³

Risk factors for femoral artery aneurysms include smoking, arteriosclerosis, high blood pressure, and systemic connective tissue disorders. Ultrasound is a noninvasive first line of investigation for aneurysms. CT is an accurate and effective diagnostic tool for defining the size, configuration, internal nature of the aneurysm, and the condition of adjacent vessels other than the SFA.

CASE REPORT

A 70-year-old woman presented in the OPD with chief complaints of swelling in right inner thigh which was progressive in nature. She had a history of trauma 6 months back. She had a co morbidities of hypertension and history of stroke for which she was on regular treatment. Ultrasound of thigh suggestive of thrombosis in right femoral artery. Doppler suggestive of aneurysm of right femoral artery with thrombus. Right femoral artery aneurysm excision and thrombectomy done.

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Figure 1 (A and B): Images of MRI showing right femoral artery aneurysm with large thrombus in situ.

Figure 2: The picture of right inguinal region shows laterally a giant femoral artery aneurysm around 7 cm×4 cm and medially normal femoral vein

Figure 3: Excised giant thrombus from femoral artery aneurysm.

DISCUSSION

Femoral aneurysms can reach a large size and via thrombosis can create symptoms such as limb-threatening ischemia, embolization, or tissue loss; however, rupture is rarely encountered.

Femoral aneurysm after groin procedures like cardiac catheterization (0.1-5%), vascular reconstruction 1-10% is quite common, but not reported after hernia repair.4,5 Despite their rarity and the frequent presentation in an emergency context with rupture or thrombosis, outcomes are typically favorable; the resection of the SFA aneurysm is easily accomplished in most of the cases, and the reconstruction can often be performed with a prosthetic graft but in our case we didn’t use graft because of good collaterals.

CONCLUSION

In conclusion, a case report was presented of an isolated common femoral artery aneurysm as unusual groin lump. Duplex scan is the investigation of choice. Surgery is recommended in aneurysm greater than 2.5 cm in view of high rate of complications.

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