Georgia Vascular SOCIETY

7th ANNUAL
SCIENTIFIC SESSIONS
September 6-8, 2019

Acute Limb Ischemia After Previous Renal Transplant

Thomas E Reeve IV, M.D.
Division of Vascular and Endovascular Surgery
Emory University School of Medicine

EMORY UNIVERSITY SCHOOL OF MEDICINE

Disclosures

EMORY UNIVERSITY SCHOOL OF MEDICINE

- None

Georgia Vascular SOCIETY

Presentation

EMORY UNIVERSITY SCHOOL OF MEDICINE

- 35yo M transfer OSH for ischemic RLE
  - Pain several months, worse over last 2 weeks
  - Localized dorsum and lateral aspect of foot
  - Throbbing, worse weight-bearing
  - Some relief with elevation

Georgia Vascular SOCIETY

History

- PMH
  - CHF, HTN, kidney disease
  - “Blood clot”

- PSH
  - 1/2016: Deceased donor renal transplant
  - 4/2018: Ligation and excision BC AVF

Exam

- Vitals stable
- Abd soft, non tender
- Monophasic R PT signal
- Blistering/ulceration 4th web space with Ischemic discoloration
- Sensation intact
- Weakened dorsiflexion (~1 week)

Vascular History

EMORY UNIVERSITY SCHOOL OF MEDICINE

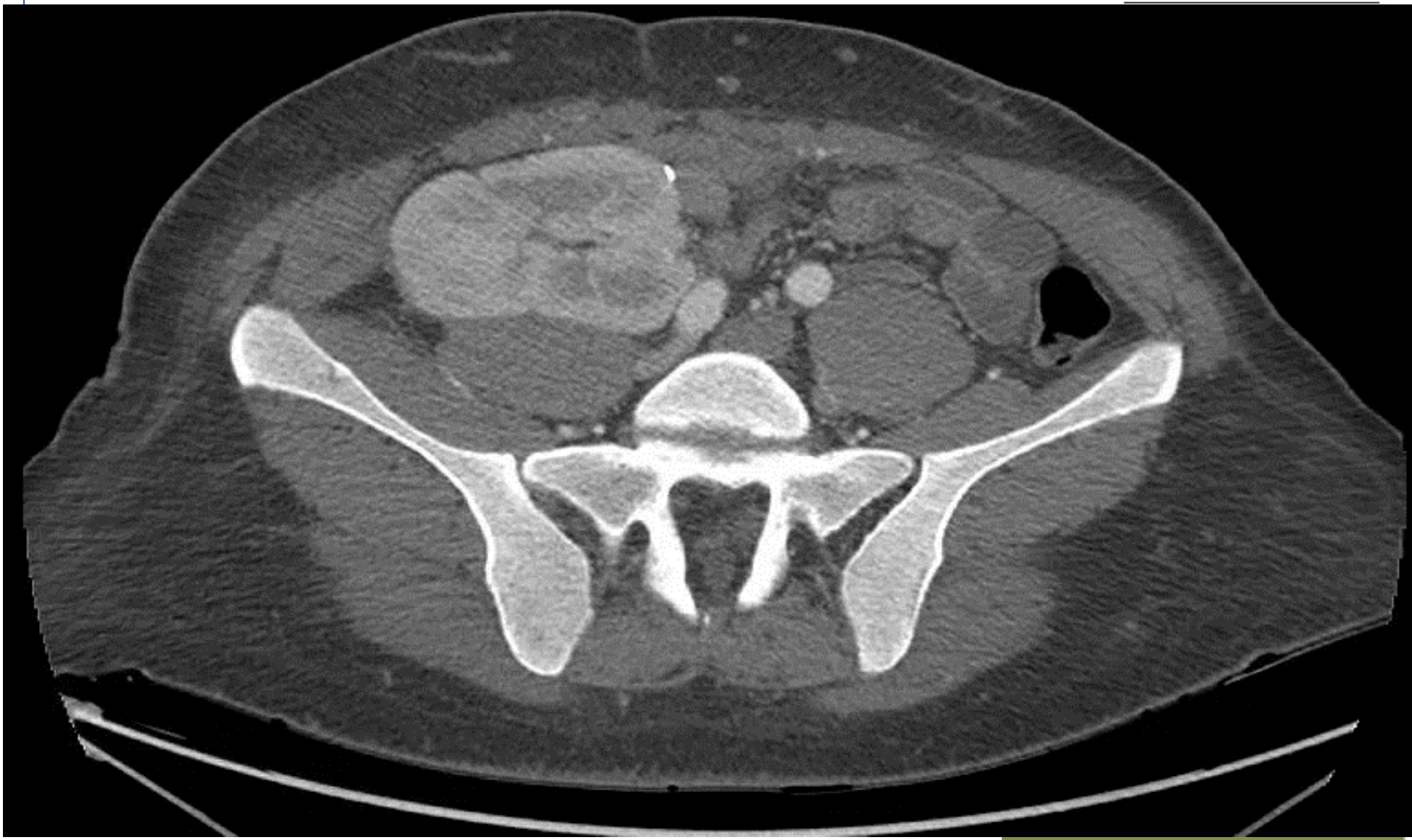
- Renal Transplant 2016 complicated by intra-op dissection right external iliac artery
  - Endarterectomy and patch angioplasty

- Seen July 2018 pain right great, 2nd, & 5th toe; dry ulcer under R great toe
  - ABIs R 0.91, L 1.27
  - Scheduled for RLE angio but lost to follow up

Georgia Vascular SOCIETY

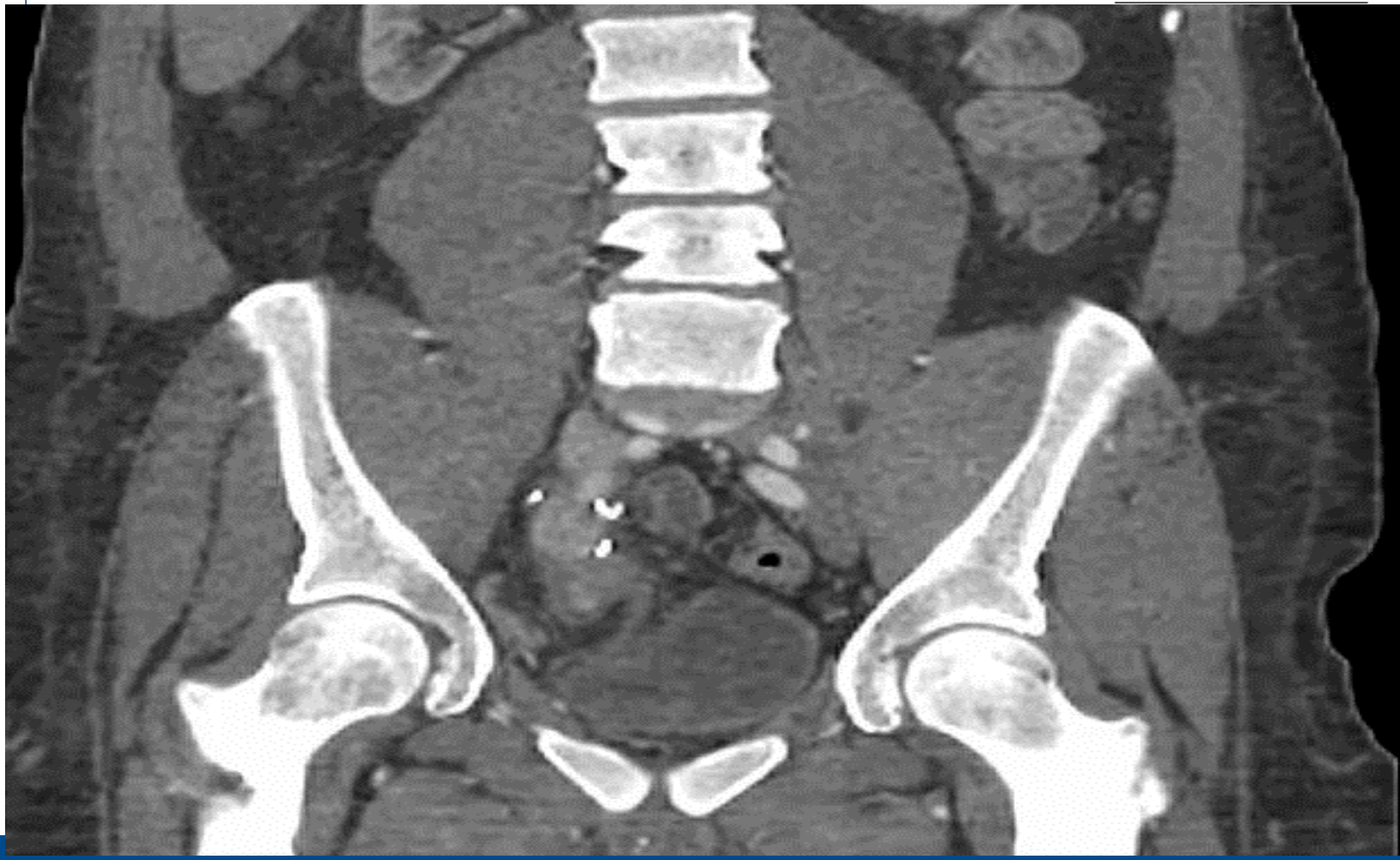
Imaging

EMORY UNIVERSITY SCHOOL OF MEDICINE



Imaging

EMORY UNIVERSITY SCHOOL OF MEDICINE



Management

- Right CIA-transplanted right renal artery bypass using rGSV

- Stent graft right EIA using 13mm Viabahn and 11mm VBX stent grafts


H
F


H
F
50 pixels

Management

- Below-knee popliteal exposure with fem-pop embolectomy

- Below-knee popliteal-PT bypass with rGSV
  - Due to chronic occlusion distal pop/proximal tibials

Postoperative course

- AKI
- Melena POD#5
  - EGD: mid/distal esophagitis
- D/C home POD#11

Follow-up

- 1 mo FU
  - ABIs R 1.11, L NC
  - Cleared to return to work
  - Offered referral to plastics
  - Functioning renal transplant

- April 2019
  - Renal bypass patent
  - Iliac stents patent
  - Pseudoaneurysm thrombosed

Georgia Vascular SOCIETY

7th ANNUAL
SCIENTIFIC SESSIONS
September 6-8, 2019

Thank you

EMORY
UNIVERSITY
SCHOOL OF
MEDICINE

ELSEVIER

Endovascular Repair of a Para-Anastomotic Pseudoaneurysm After Renal Autotransplantation: An Alternative to Open Reconstruction

Matthew R. Smeds, Richard Ofstein, Gary J. Peterson, Brian G. Peterson, and Donald L. Jacobs, St. Louis, Missouri

- Anastomotic PSA <1%
- 85% graft loss

- Case report
  - Bilobed PSA from renal TXP 6 yrs prior
  - Severe left groin pain

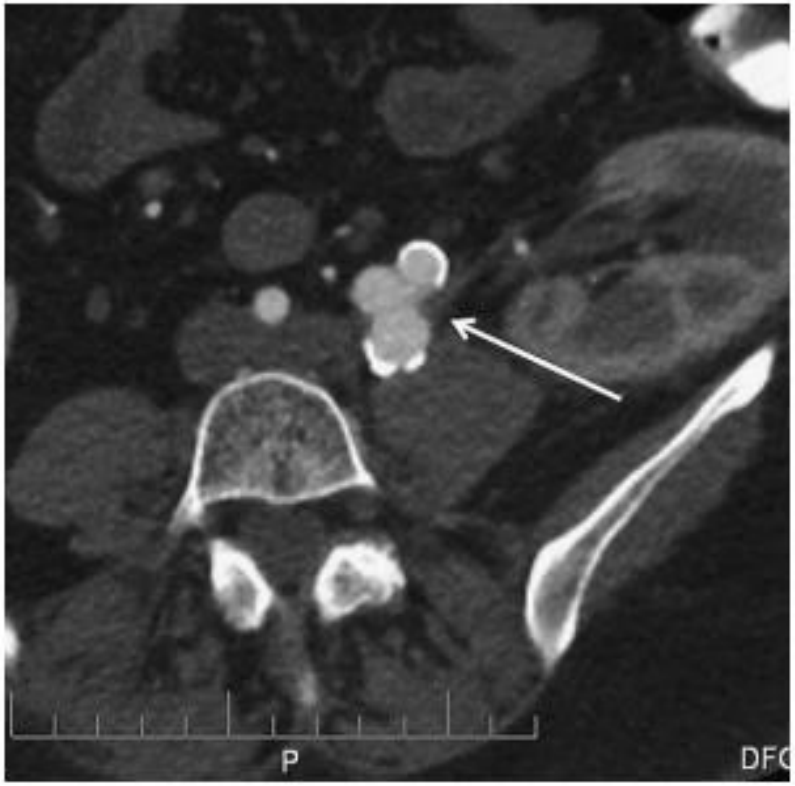


Fig. 1. Preoperative computed tomographic angiography reveals a bilobed aneurysm (*white arrow*) arising from the left transplant renal artery–common iliac anastomosis, with a superior lobe measuring 2 cm in maximal diameter and an inferior lobe measuring 1.8 cm.

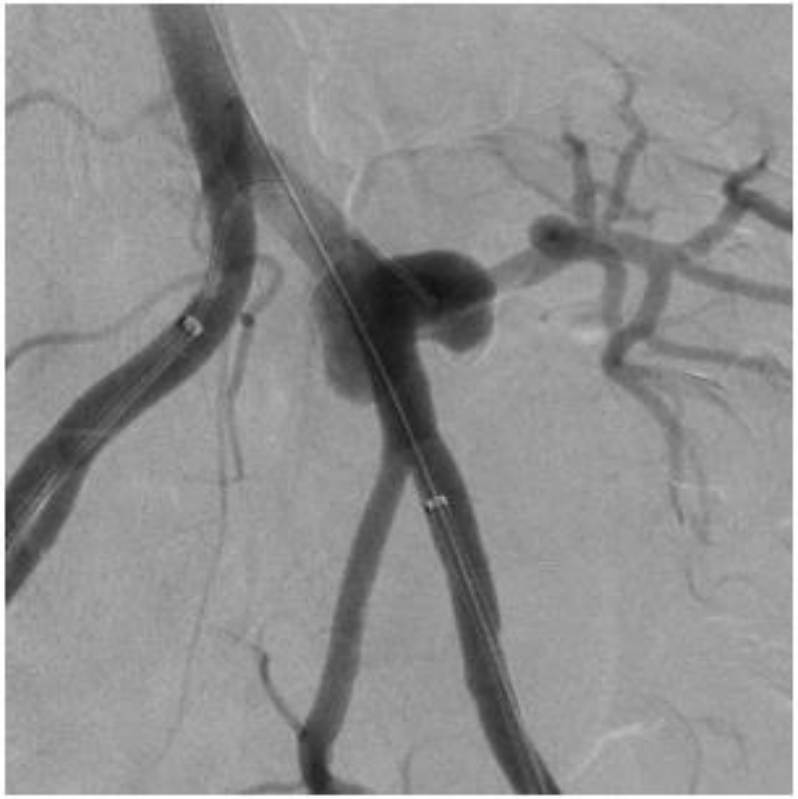


Fig. 2. An angiogram confirms a bilobed aneurysm and reveals a patent left common iliac artery with adequate width and length to accommodate kissing covered stents.

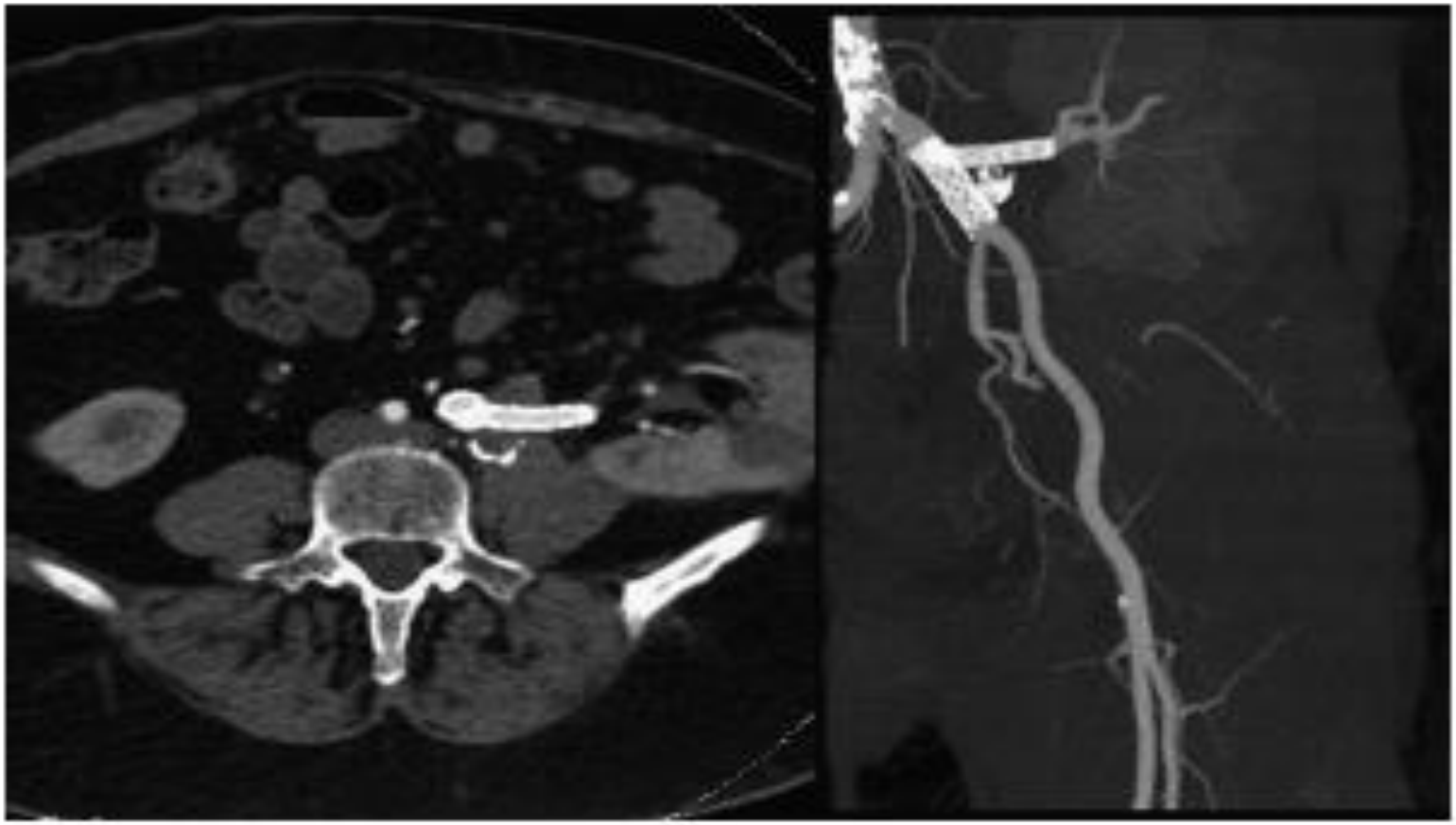


Fig. 4. A follow-up computed tomographic scan reveals patent covered stents and the excluded aneurysm sac.

revealed patent stents in both the renal and iliac arteries and no flow in the aneurysm sac (Fig. 4).

Notes