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Pseudoaneurysm of the ulnar artery following use of an external fixator—a case report

Michel Vancabeke¹, Bernard Heiderich¹, Bernard Bellens² and Philippe Putz¹

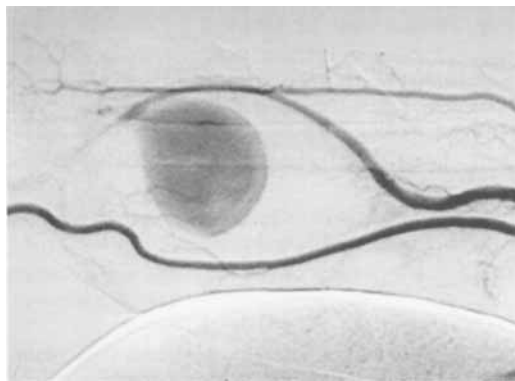
Departments of ¹Orthopaedic Surgery and ²Vascular Surgery, Brugmann Hospital, Place Van Gehuchten 4, BE-1020 Brussels, Belgium. Tel +322477-2361. Fax -2161
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A 70-year-old woman presented with a Colles' fracture of the right wrist, which was treated by external fixation. There were no signs of vascular or nerve damage during her hospital stay (4 days). The postoperative period was uneventful and the pins were removed after 6 weeks, the distraction having been discontinued after 3 weeks. Range of motion exercises were instituted as soon as the fixator was removed. 2 weeks after the removal of the pins, the wrist became swollen, warm and painful on mobilization. During the following weeks, the pain and swelling increased and a pulsatile mass was palpated on the palmar side of the wrist. An ultrasonic examination showed a false aneurysm with a diameter of 5 cm. Because of its

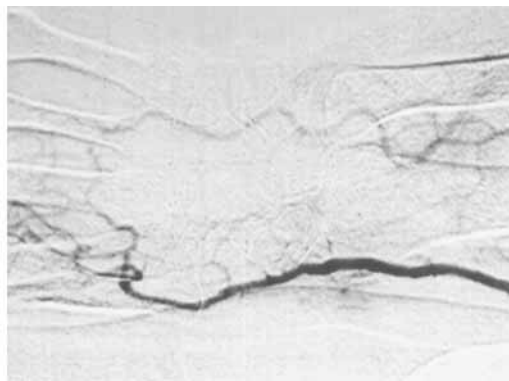
size, the echography could not determine its origin.

Arteriography confirmed the presence of a pseudoaneurysm of the ulnar artery at the site of one of the radial pins (Figure). It also showed a substantial decrease in blood flow in the ulnar artery.

The treatment consisted of manual compression and an elastic bandage. One month later, the aneurysm had disappeared clinically (i.e., absence of a mass, arterial bruit and pain). The disappearance of the aneurysm was confirmed by Doppler examination. After 6 months of follow-up, the aneurysm had not recurred.



Arteriography: aneurysm of the ulnar artery at the site of one of the radial pins.



Decrease in blood flow in the ulnar artery.

Discussion

In the literature there are no cases reported of false aneurysms of the ulnar artery, associated with the use of an external fixator in the radius (Cooney et al. 1980, Chamay et al. 1983, Schuind et al. 1989, Jakim et al. 1991). Salari et al. (1997) described a false aneurysm of the ulnar artery at the site of a diaphyseal fracture of both forearm bones, treated by external fixation. In our case, the most convincing explanation is that the aneurysm was caused by the pin sliding off the radius during its introduction. However, no such incident was reported in the protocol about the operation.

In the past, several treatments have been considered for ulnar pseudoaneurysms. Von Kuster et al. (1980) propose simple resection, while Martin and Manktelow (1982) and Rothkopf et al. (1990) added a vascular reconstruction. More recently, treatment by compression, possibly guided by echography, has been favored for femoral aneurysms (Altkin et al. 1989, Agrawal et al. 1992, Feld et al. 1992, Mac Glinckey and Baxter 1997). However, there are no recent reports on the treatment of ulnar pseudoaneurysms.

In our case, in view of the general state of the patient, we felt a less aggressive treatment by compression was indicated. If the treatment had failed, we could have envisaged either a selective embolization by endovascular means, or a ligation of the ulnar artery. A vascular reconstruction is necessary only if the palmar arch is incomplete.

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Iliopsoas bursitis due to *Brucella melitensis* infection—a case report

Jesús Guiral¹, Diego Reverte² and Pablo Carrero³

Departments of ¹Orthopaedics, ²Internal Medicine, ³Microbiology, General Hospital, Ctra de Ávila s/n, ES-40002 Segovia, Spain. Tel +34 921419–228. Fax –149
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A 51-year-old male shepherd attended our hospital because of fever and continuous left groin pain, that increased with hip motion, and had made walking impossible for the preceding 8 days. He had occasionally eaten unhygienic dairy products.

The patient was afebrile and a 5 × 3 cm left inguinal mass was palpable. He also had a severe hip flexion contracture. Plain films of the pelvis revealed slight arthrosis of the left hip. The laboratory tests were: 7, 64 × 10³ WBC/μL (62% seg-