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Percutaneous Treatment of a Giant Infected Femoral Artery Pseudoaneurysm

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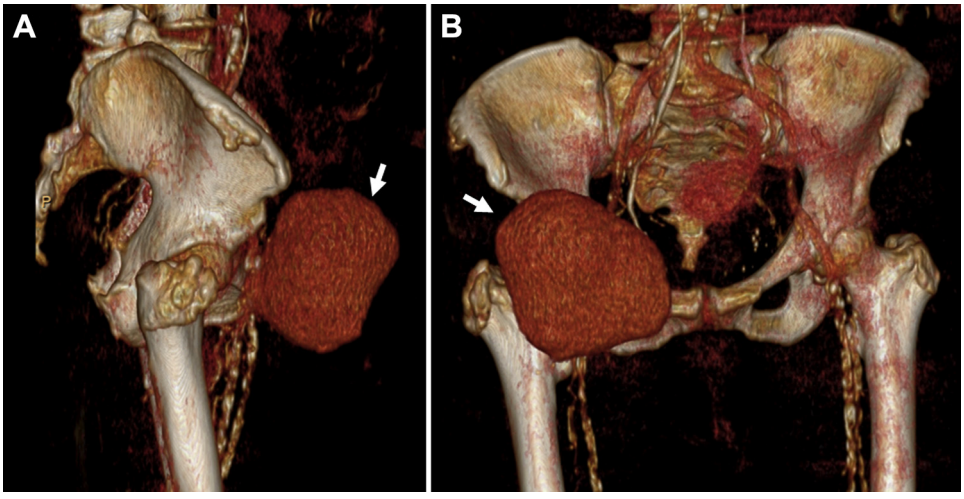
Femoral artery pseudoaneurysm due to infection of a vascular closure device is rare and potentially life threatening. Surgical repair of the blood vessel is the preferred therapy. We describe such a patient who was successfully treated percutaneously by implantation of a stent graft. A 60-year-old diabetic and morbidly obese woman underwent coronary stenting and deployment of a 6-F Angioseal vascular closure device (Terumo Interventional Systems, Somerset, New Jersey) in the right femoral artery. She subsequently developed an infected right groin hematoma with growth of *Staphylococcus epidermidis* and *Streptococcus agalactiae* in cultures of the hematoma fluid. Duplex ultrasound and computed tomography angiography demonstrated normal flow within the femoral artery without evidence of disruption of the vessel wall. The patient underwent surgical drainage of the hematoma and received ciprofloxacin for 3 weeks. Three months later, she presented with a giant pulsatile mass in

FIGURE 1 3D Reconstruction CT Angiography



(A) Lateral and **(B)** anterior-posterior 3-dimensional reconstruction computed tomography angiography images (volume rendering) of the right femoral artery pseudoaneurysm **(arrows)** (Online Videos 1 and 2).

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FIGURE 2 Angiography of the Right Femoral Artery

Angiography of the right femoral artery following stent graft implantation (proximal and distal stent edges marked by **arrows**) (Online Video 3).

the right groin. Computed tomography angiography demonstrated a large (11 cm) pseudoaneurysm of the right femoral artery, which was attributed to infection of the vessel wall (**Figure 1**, Online Videos 1 and 2). The patient was referred for surgical repair but was turned down due to comorbidities and likelihood of persistent infection at the surgical site. She was therefore treated percutaneously by implantation of a 10-mm × 60-mm vascular stent graft (Fluency, Bard Peripheral Vascular, Tempe, Arizona) via the contralateral femoral artery (**Figure 2**, Online Video 3). The patient received antibiotic therapy with amoxicillin and clavulanic acid for 6 weeks and has not required further vascular interventions during 6 months of follow-up.

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APPENDIX For supplemental videos and their legends, please see the online version of this article.