

ANEURYSMA SPURIUM

Untersuchung und Therapie

Dr. Katja Stürzebecher

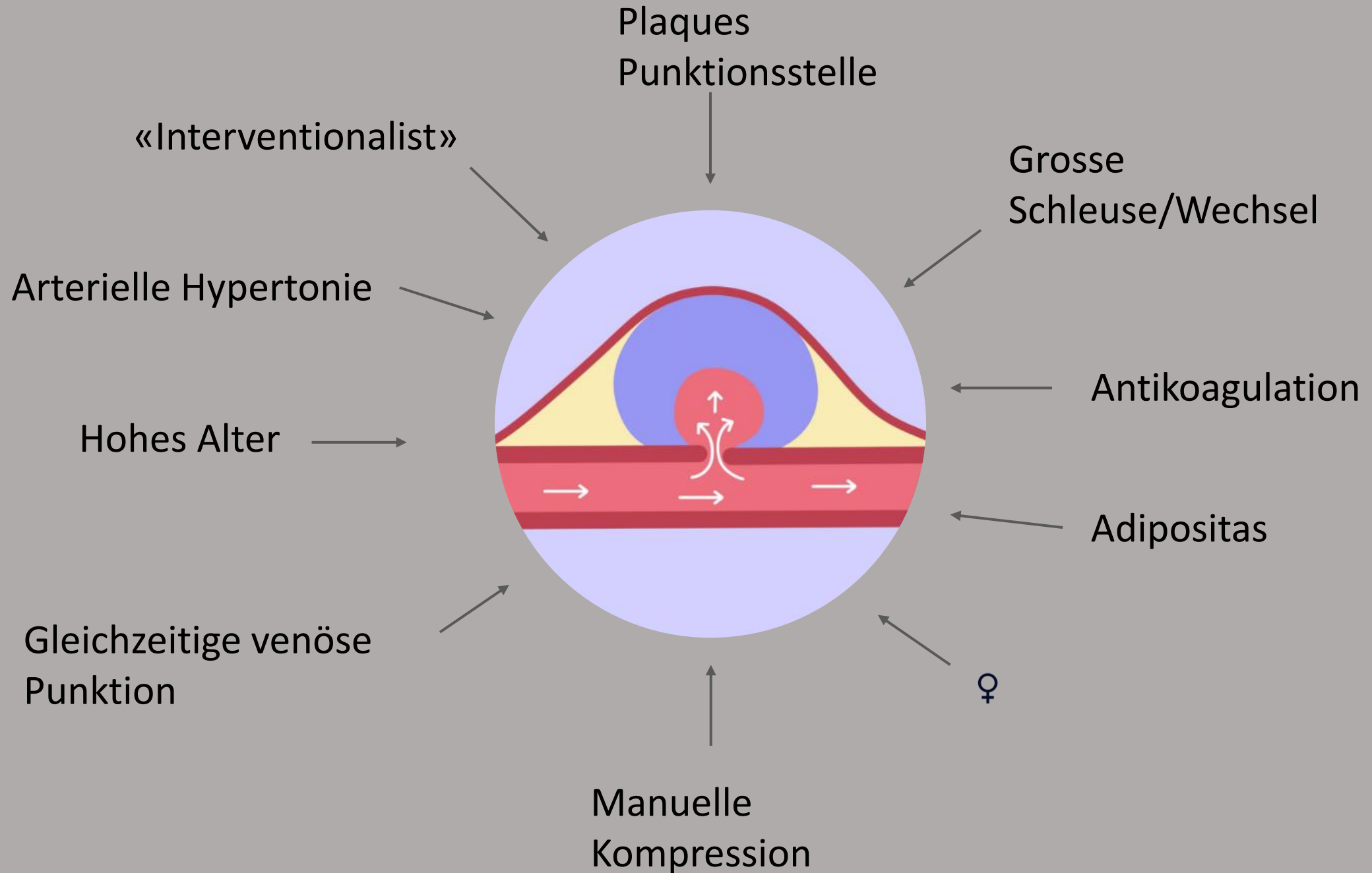
Oberärztin Angiologie

Selten: < 1%

v.a. femoral -

häufigster Zugang?!







Häufig innert 24h

Aber! Verzögert bis 10 Tage



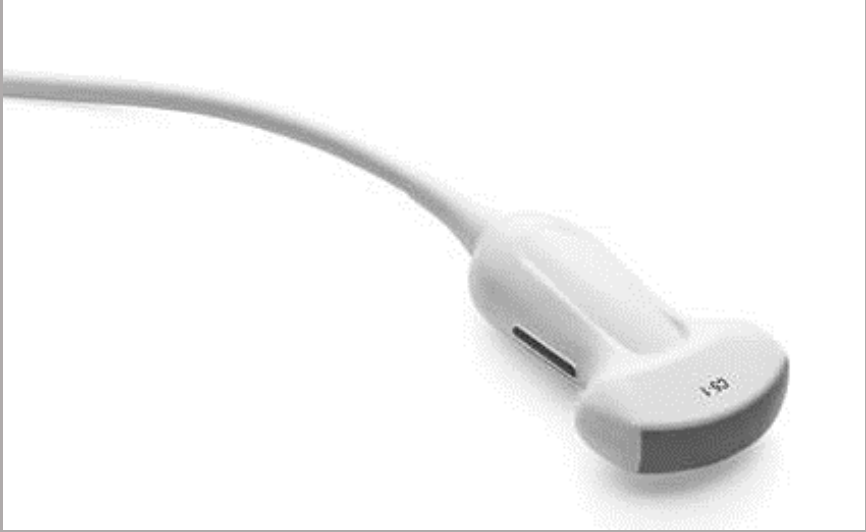
Schwellung/Hämatom

Schmerzen

Pulsierender Tumor

Strömungsgeräusch





V. iliaca externa, V. femoralis communis, V. femoralis proximal & V. femoralis profunda



V. iliaca externa, V. femoralis communis, V. femoralis proximal & V. femoralis profunda

BS Venen

L12-3

42Hz

38°

A/G

2D

64%

Dyn. Bereich 56

P Min.

HAllg

PW

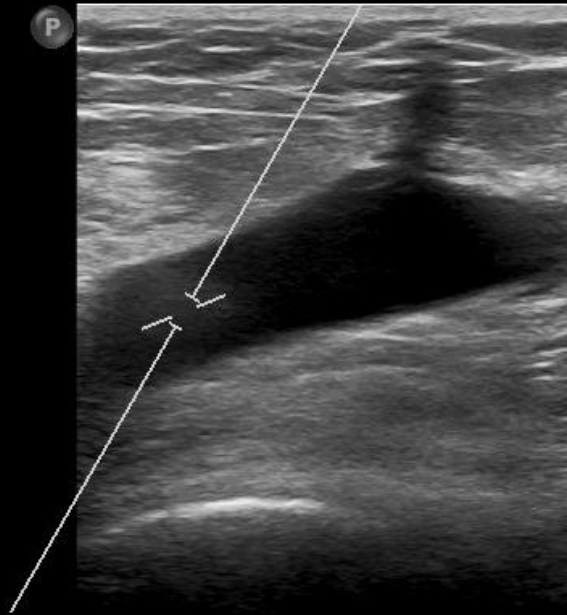
36%

WF 30Hz

DV2.5mm

3.5MHz

2.6cm

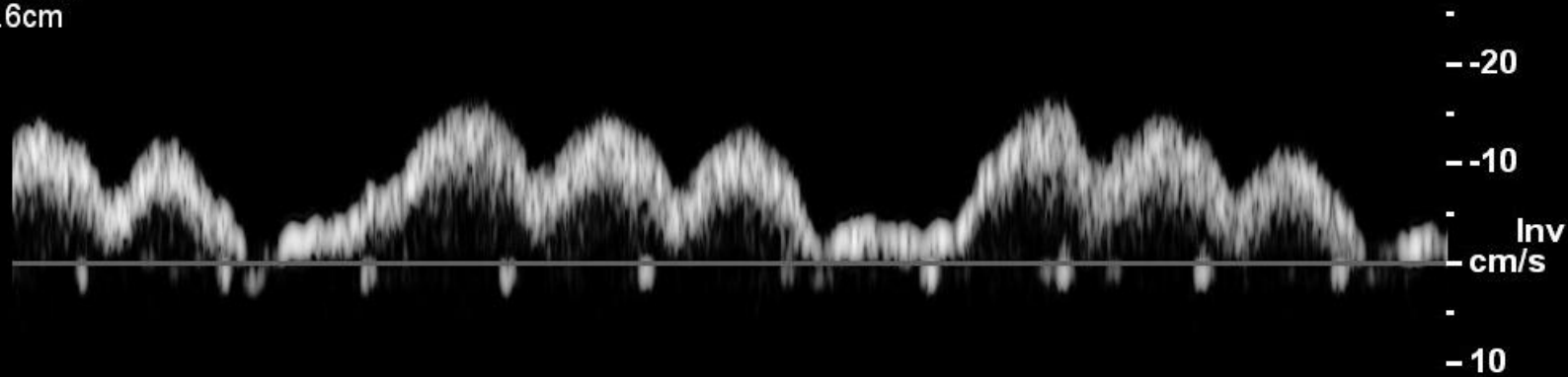


TIS0.2 MI 0.8

S3

X3

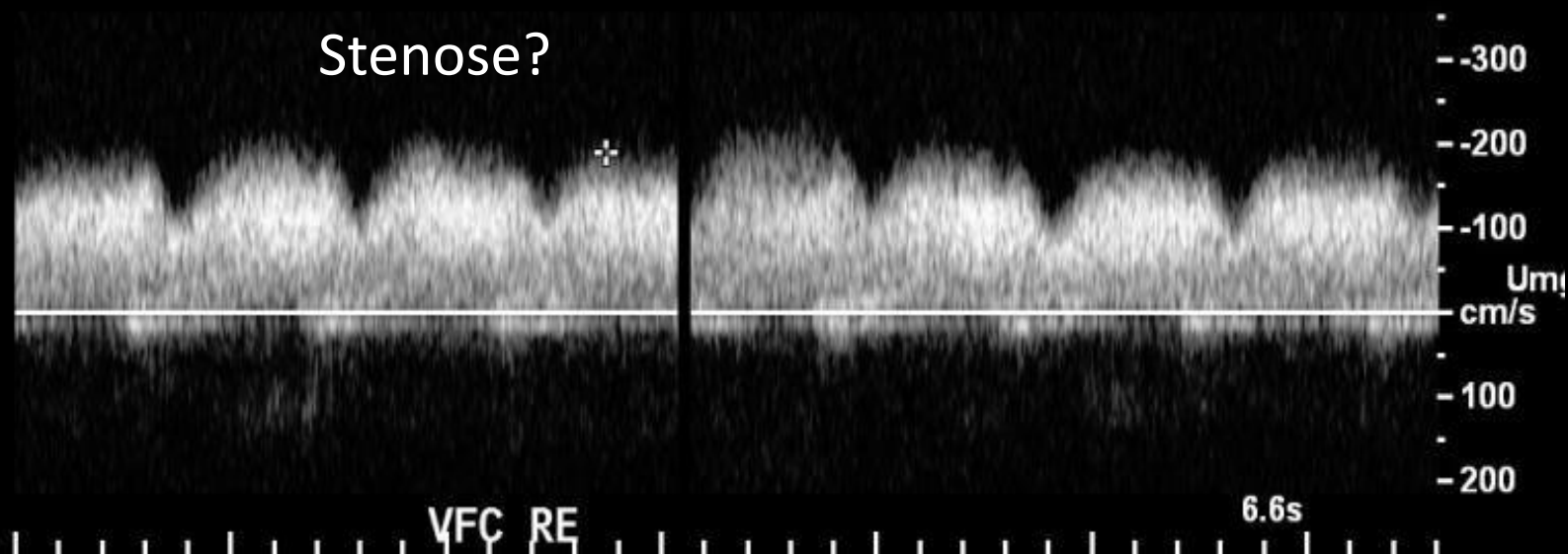
4.5cm



V. femoralis, comm., links

36mm/s

V. iliaca externa, V. femoralis communis, V. femoralis proximal & V. femoralis profunda



V. iliaca externa, V. femoralis communis, V. femoralis proximal & V. femoralis profunda

BS Venen

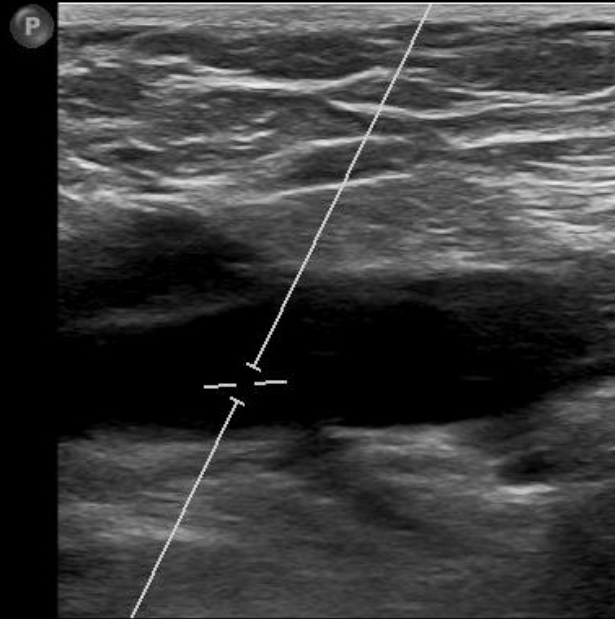
L12-3
44Hz 60°
A/G

2D

62%
Dyn. Bereich 56
P Min.
HAllg

PW

24%
WF 60Hz
DV2.5mm
3.5MHz
2.8cm



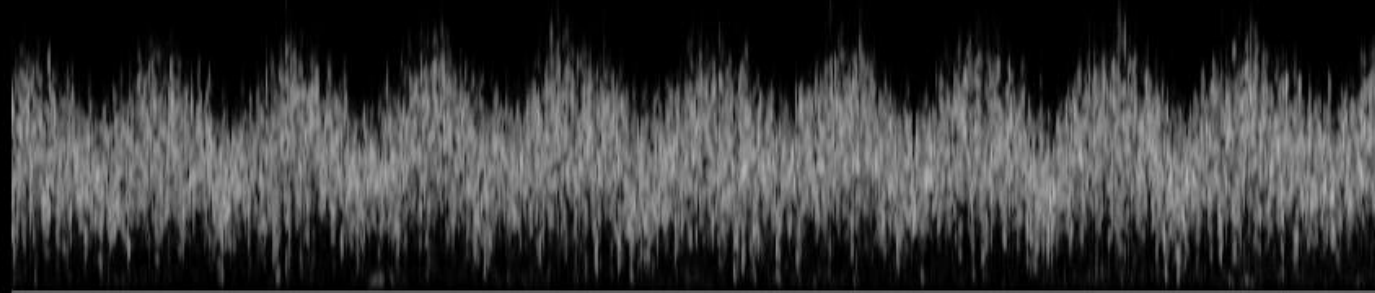
TIS0.2 MI 0.5

S3

x3

4.0cm

Fistel?



-120

-80

-40

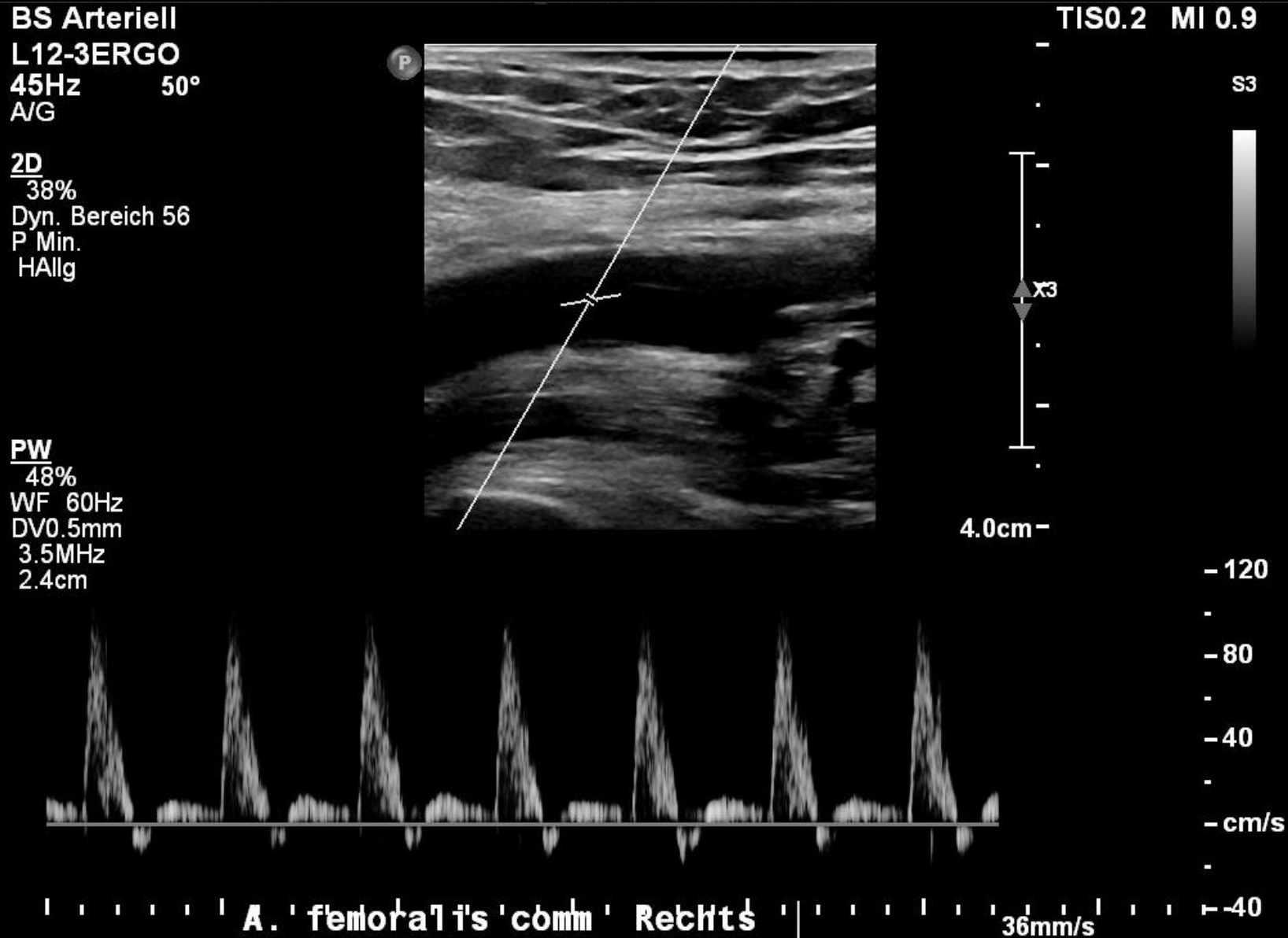
Inv
cm/s

-40

V. femoralis, comm, Links

36mm/s

A. iliaca externa, A. femoralis communis, A. femoralis superficialis proximal & profunda



A. iliaca externa, A. femoralis communis, A. femoralis superficialis proximal & profunda

BS Arteriell

L12-3
24Hz 60°

2D

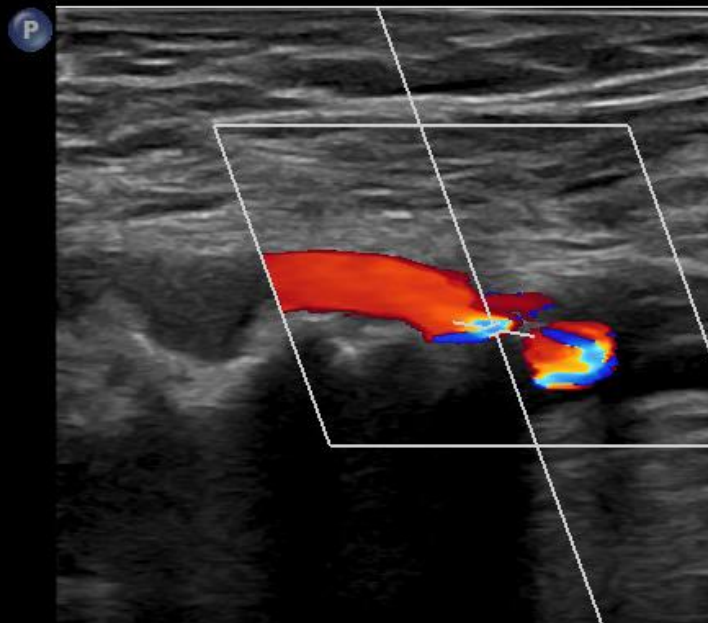
66%
Dyn. Bereich 50
P Min.
HAllg

FD

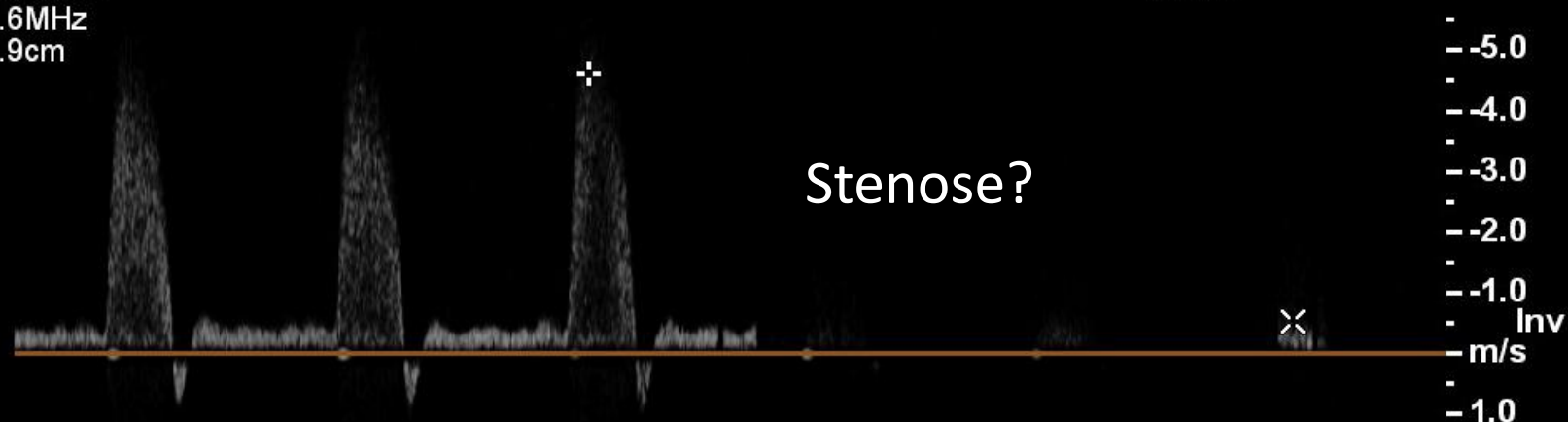
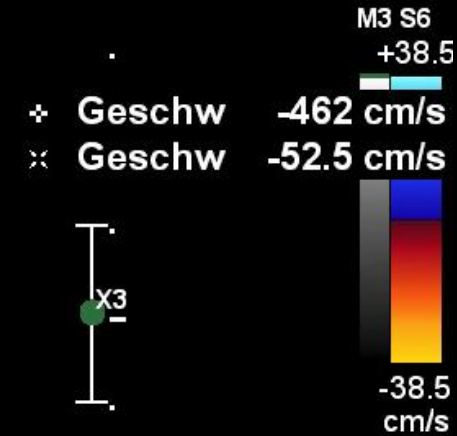
59%
4000Hz
WF 240Hz
4.0MHz

PW

56%
WF 150Hz
DVO.5mm
3.6MHz
1.9cm



TIS0.2 MI 0.4



'Links 'A.' 'prof.' 'femoris' 'Abg.'

36mm/s

A. iliaca externa, A. femoralis communis, A. femoralis superficialis proximal & profunda

BS Venen

L12-3

44Hz 48°

A/G

2D

63%

Dyn. Bereich 56

P Min.

HAllg



TIS0.2 MI 0.2

S3

Abstand 0.739 cm
TAMV 99.0 cm/s
FlussVol 2547 cc/min
Fläche 0.429 cm²

PW

48%

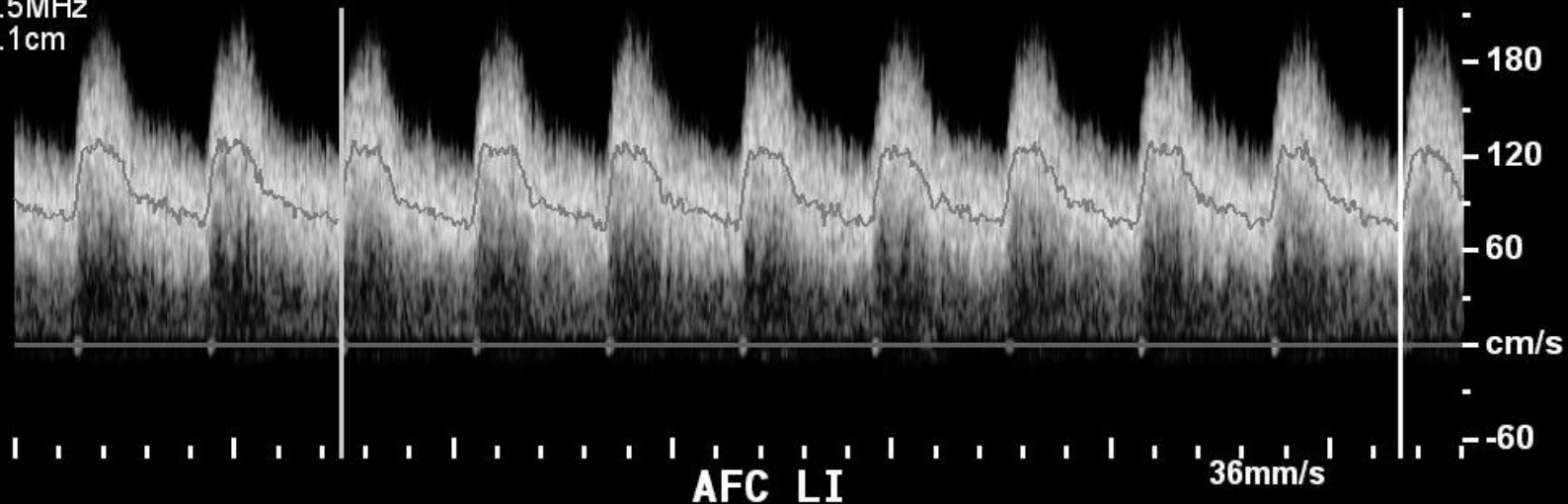
WF 90Hz

DV10.0mm

3.5MHz

2.1cm

Fistel?



A. iliaca externa, A. femoralis communis, A. femoralis superficialis proximal & profunda

BS Arteriell

L12-3

61Hz

AVG

2D

50%

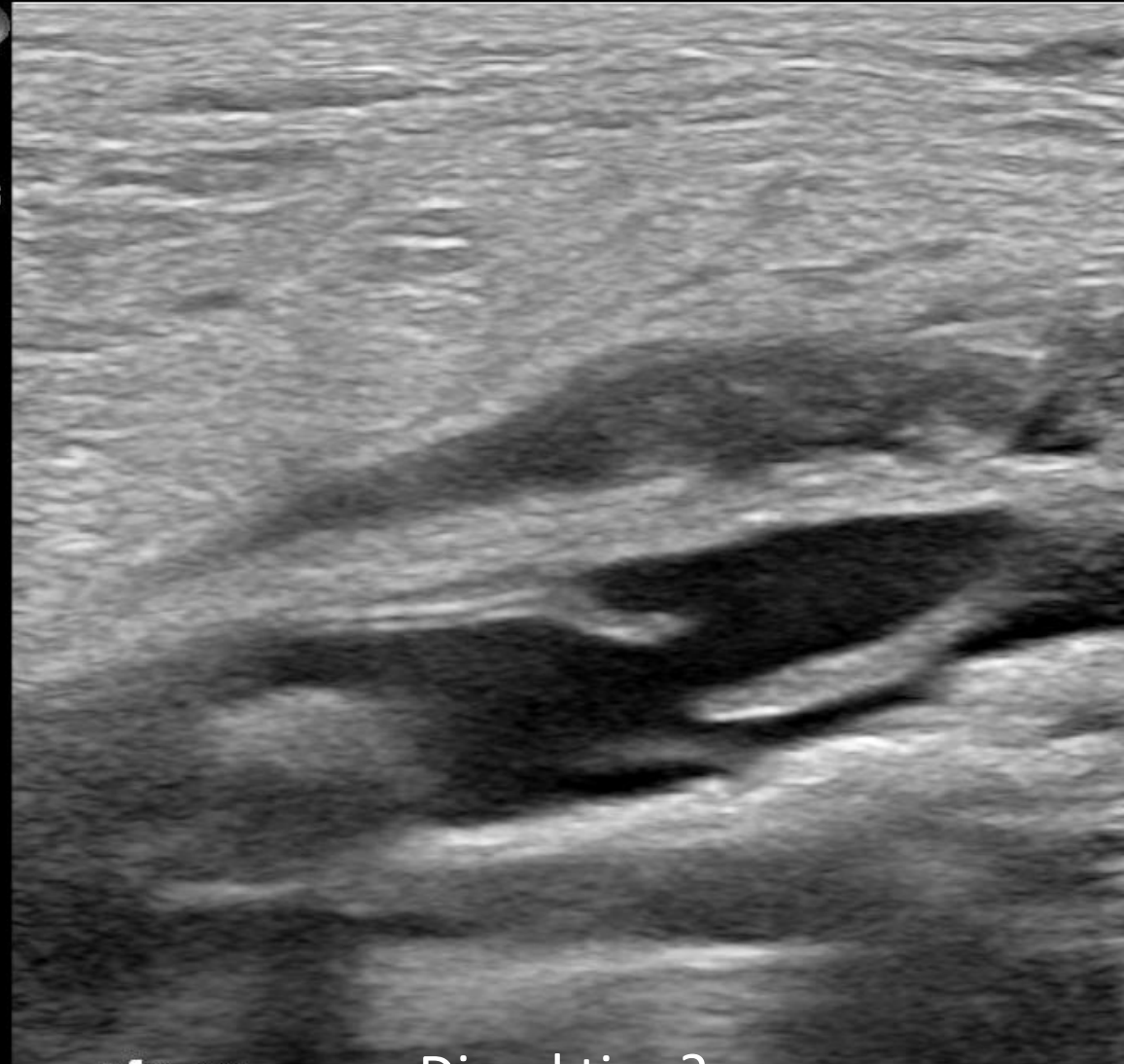
Dyn. Bereich 56

P Min.

HAllg

TIS0.3 MI 1.3

P



S3



afc re

Dissektion?

3.5cm

BS Arteriell

L12-3
58Hz
A/G

2D

46%
Dyn. Bereich 56
P Min.
HAllg

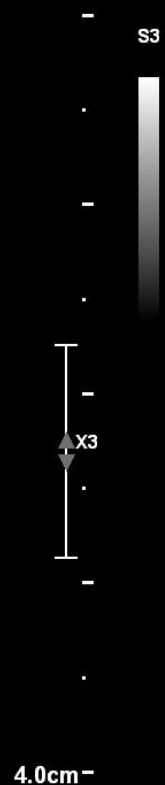


+ Abstand 3.26 cm
x Abstand 1.34 cm

Aneurysma spurium re Leiste quer

TIS0.2 MI 1.3

S3

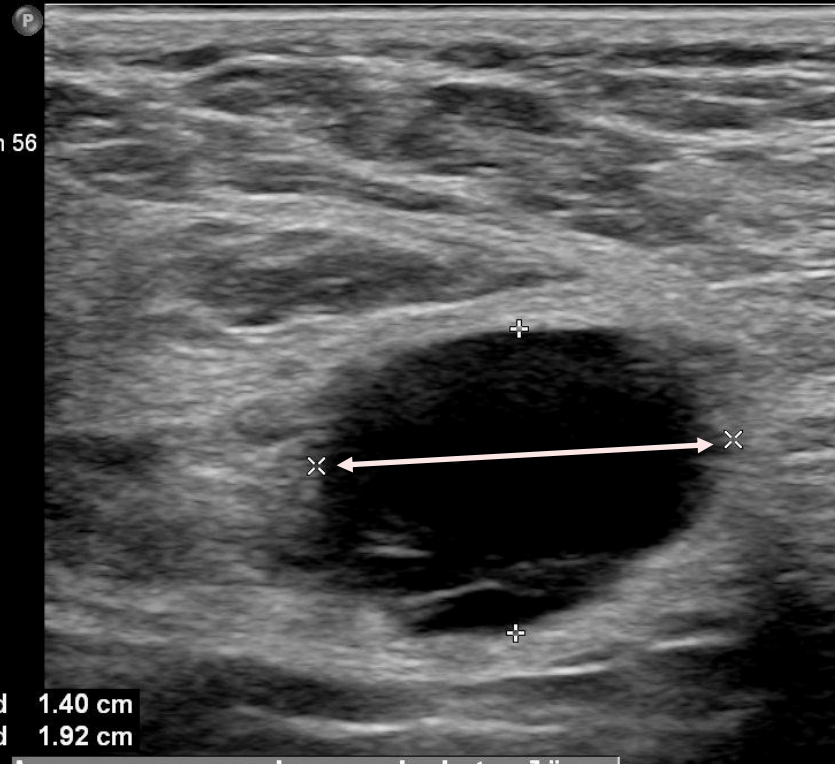


BS Arteriell

L12-3
61Hz
A/G

2D

46%
Dyn. Bereich 56
P Min.
HAllg

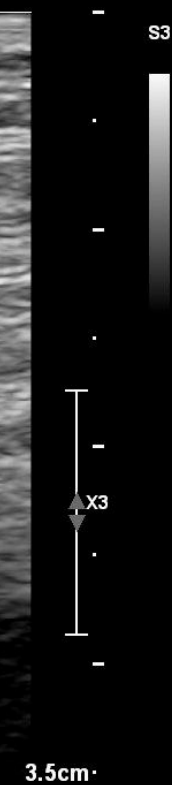


+ Abstand 1.40 cm
x Abstand 1.92 cm

Aneurysma spurium re Leiste längs

TIS0.3 MI 1.3

S3

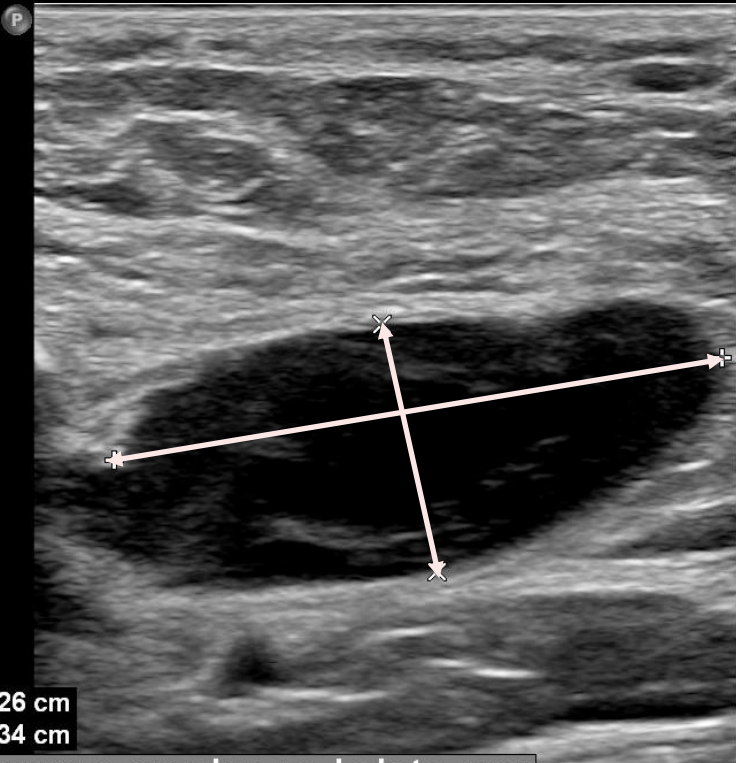


BS Arteriell

L12-3
58Hz
A/G

2D

46%
Dyn. Bereich 56
P Min.
HAllg



+ Abstand 3.26 cm
x Abstand 1.34 cm

Aneurysma spurium re Leiste quer

TIS0.2 MI 1.3

S3

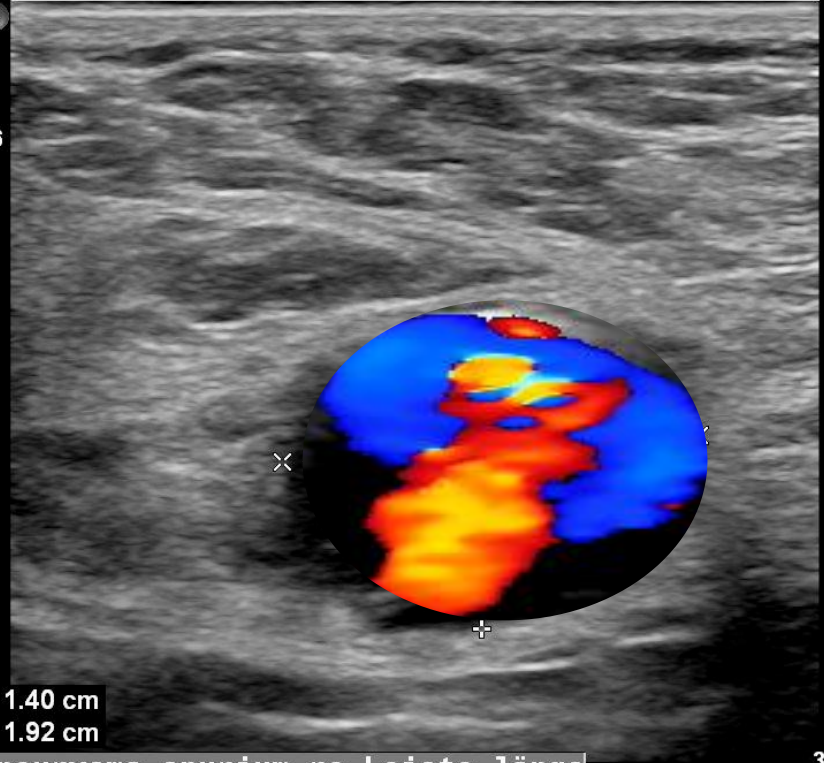
4.0cm

BS Arteriell

L12-3
61Hz
A/G

2D

46%
Dyn. Bereich 56
P Min.
HAllg



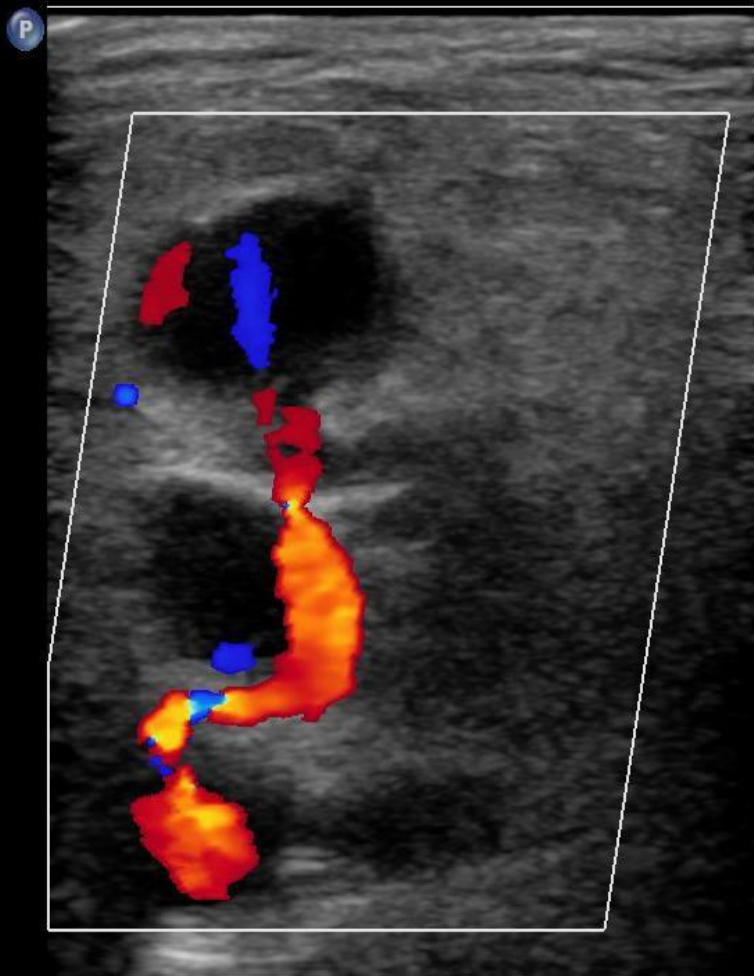
+ Abstand 1.40 cm
x Abstand 1.92 cm

Aneurysma spurium re Leiste längs

TIS0.3 MI 1.3

S3

3.5cm



P1

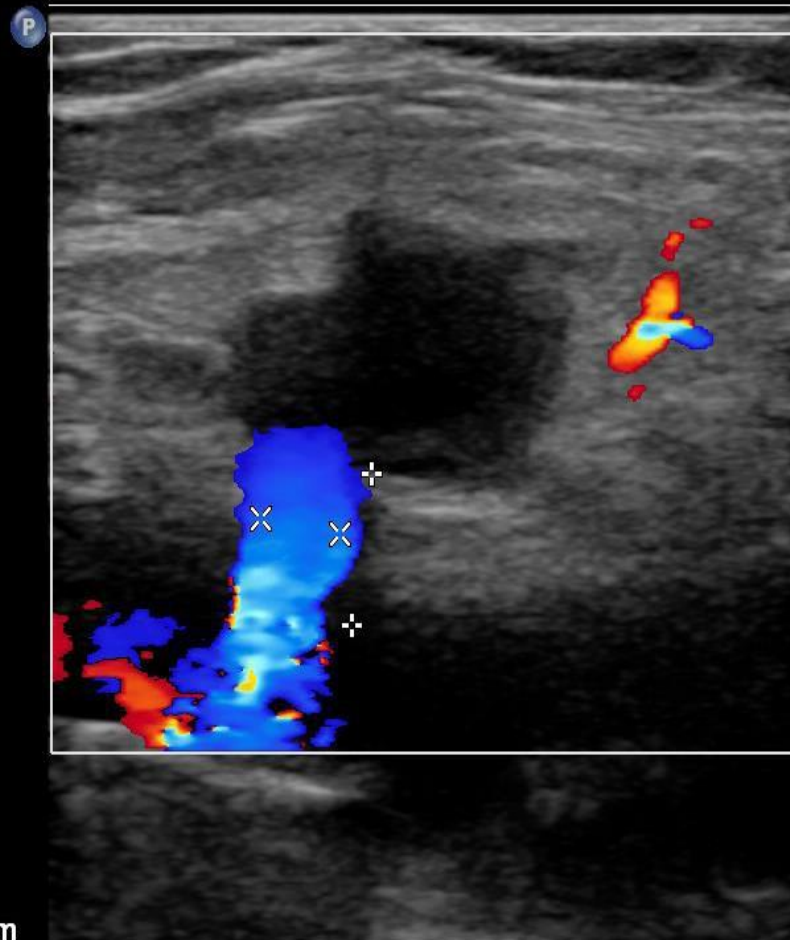
2D

47%
K 50
M Niedrig
Allg

FD

64%
656Hz
WF 36Hz
Mittel

✦ Abstand 0.658 cm
✕ Abstand 0.404 cm



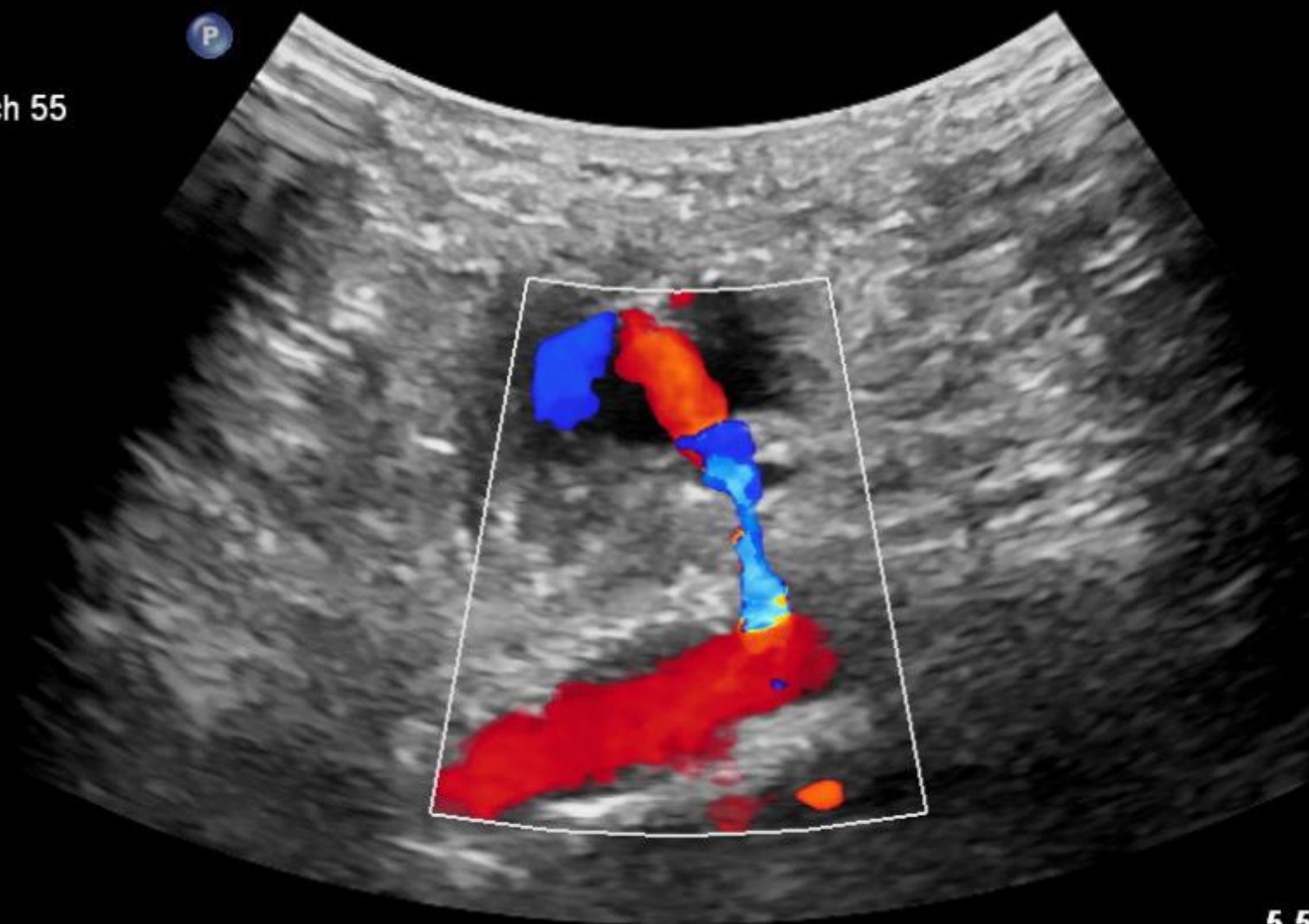
AFC RE ANEURYSMA SPP

BS Arteriell
C5-1
20Hz

TIS0.5 MI 1.1

2D
44%
Dyn. Bereich 55
P Mittel
HAllg

FD
53%
1620Hz
WF 80Hz
2.3MHz



5.5cm

AN SPURIUM RE ING AUS AFC

Aneurysma spurium



Foto: Francesco Caracciolo

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Anestesiologia

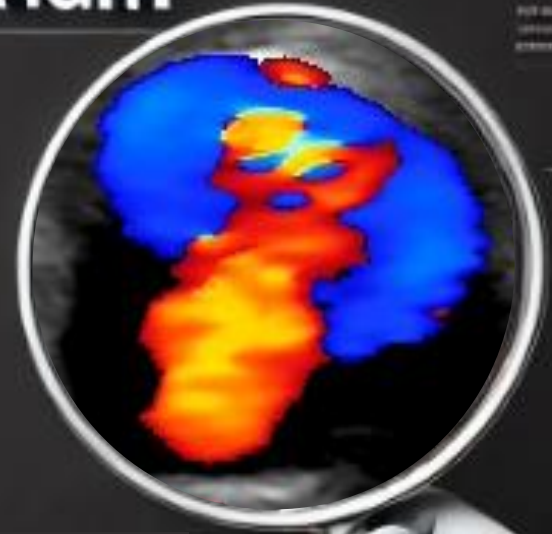
Il presente articolo è stato sottoposto a una revisione paritaria e approvato per la pubblicazione.

Corrispondenza:
Dr. Francesco Caracciolo

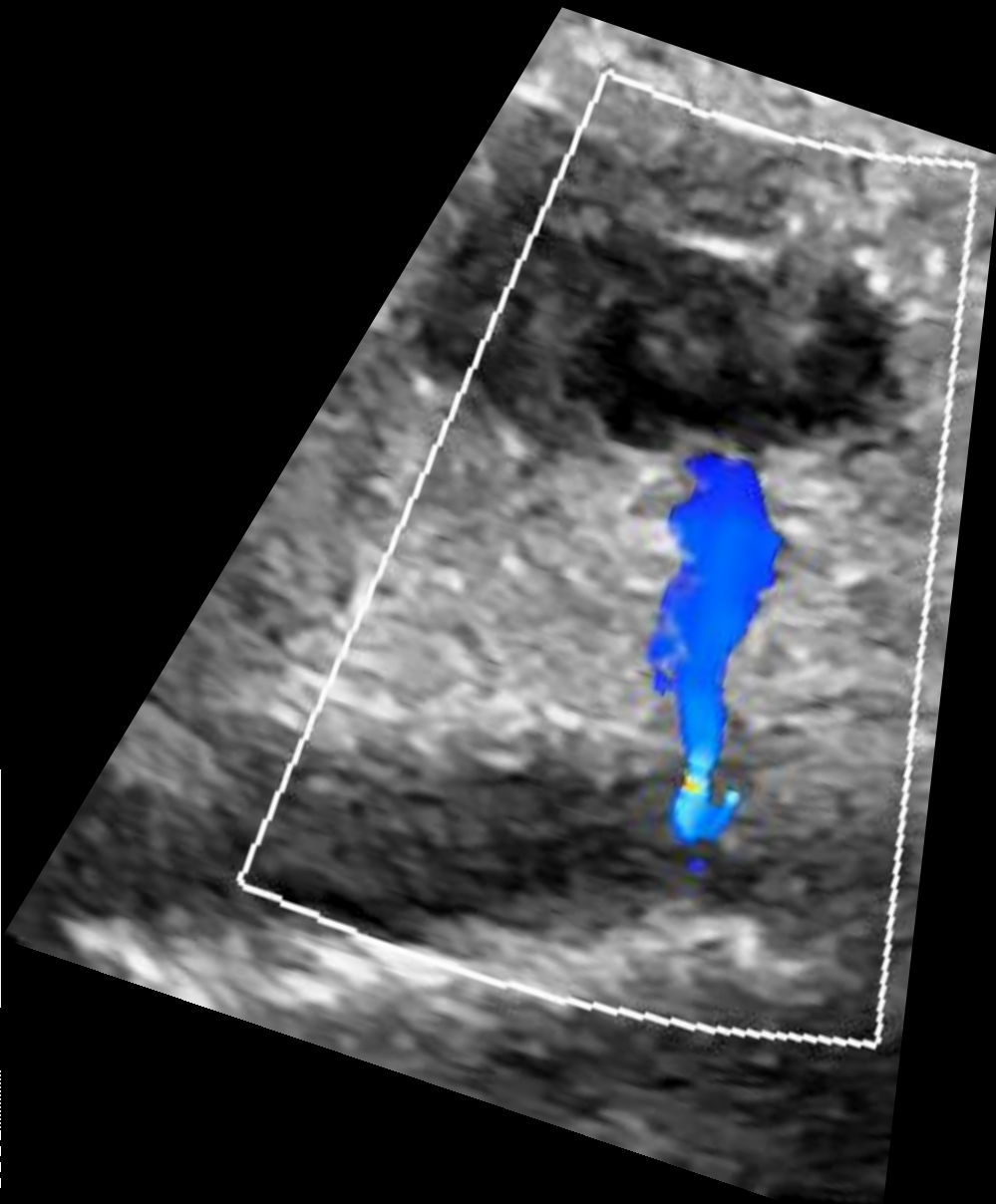
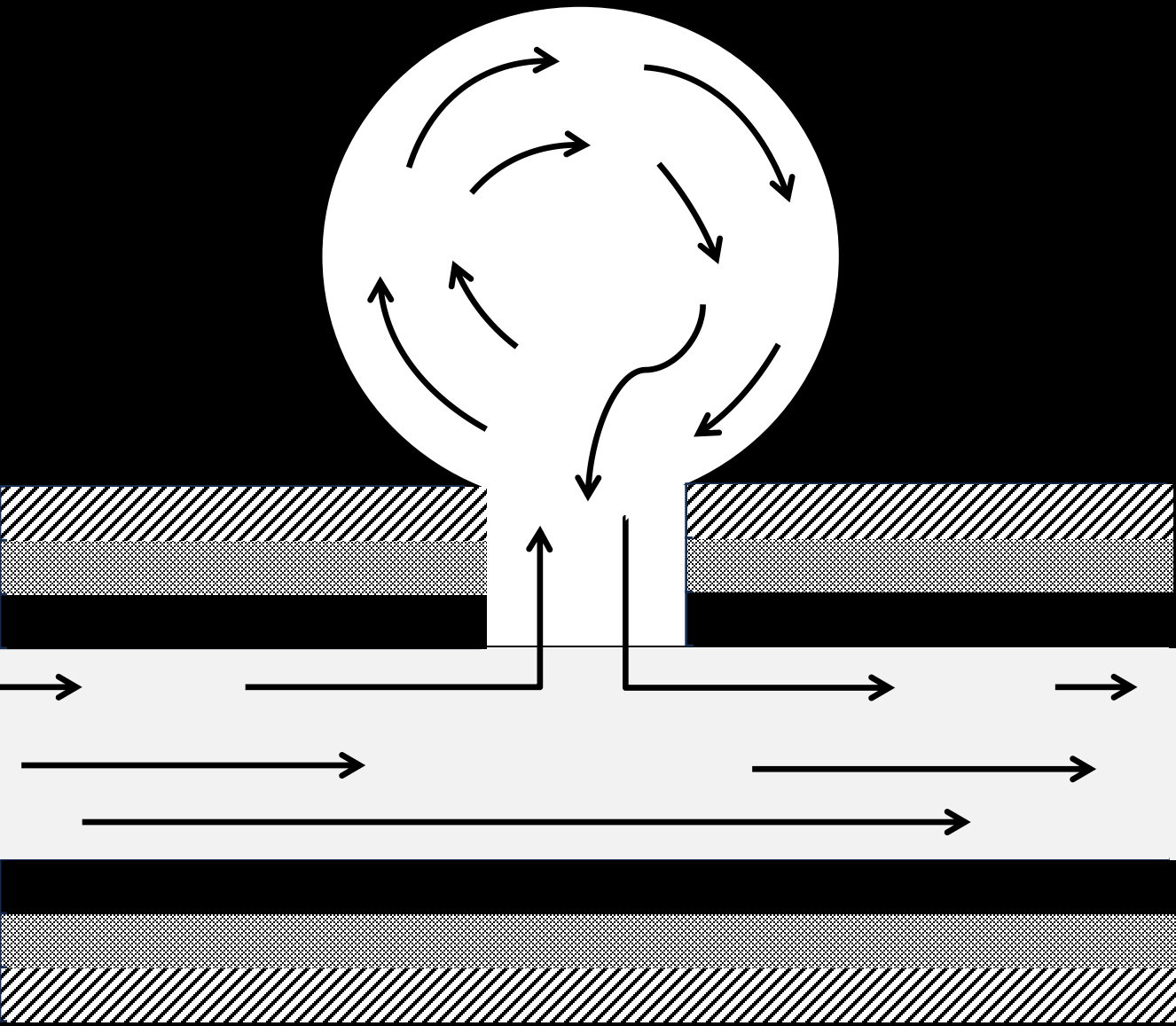
Massimo G. Caracciolo
Via S. Maria 100

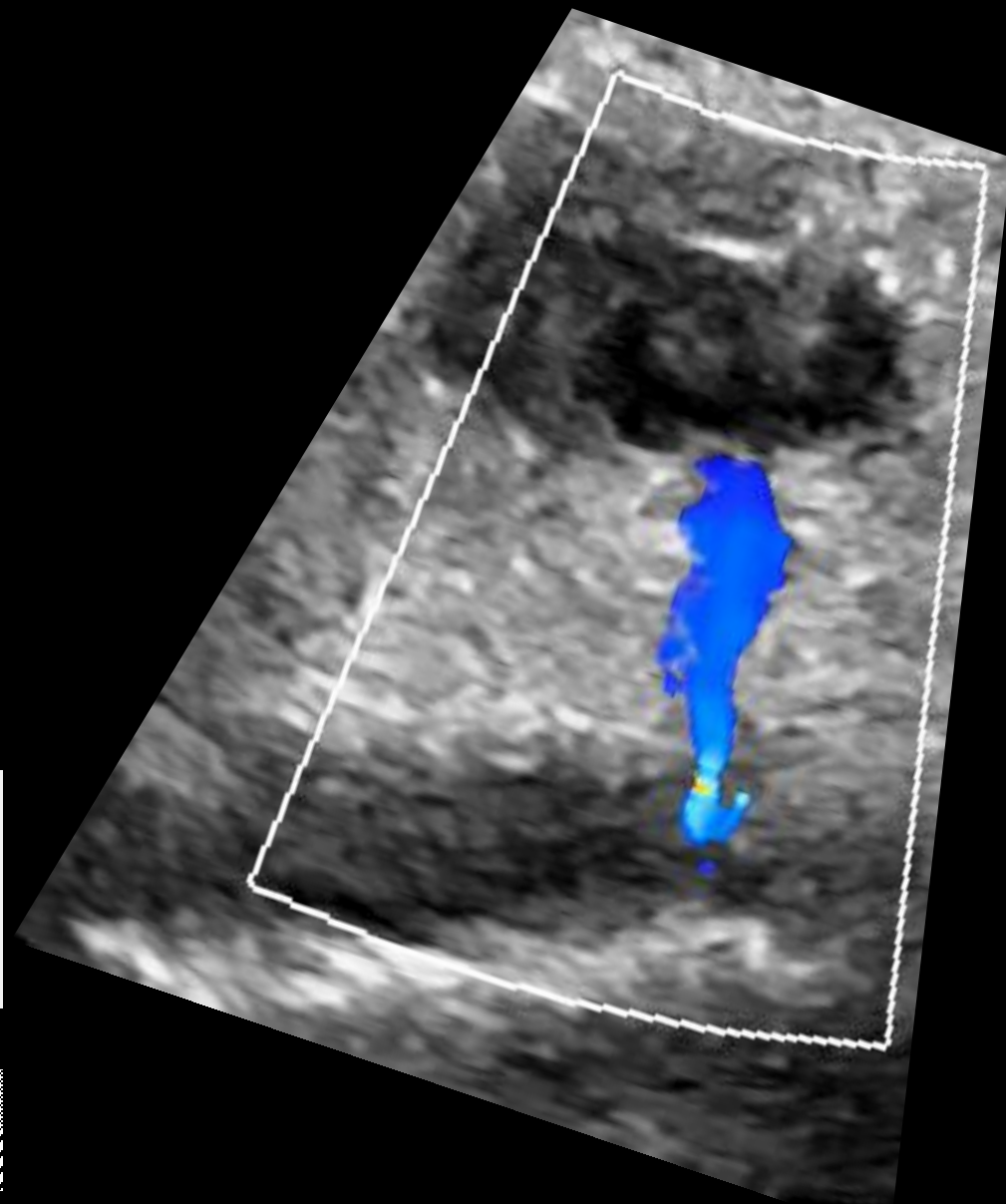
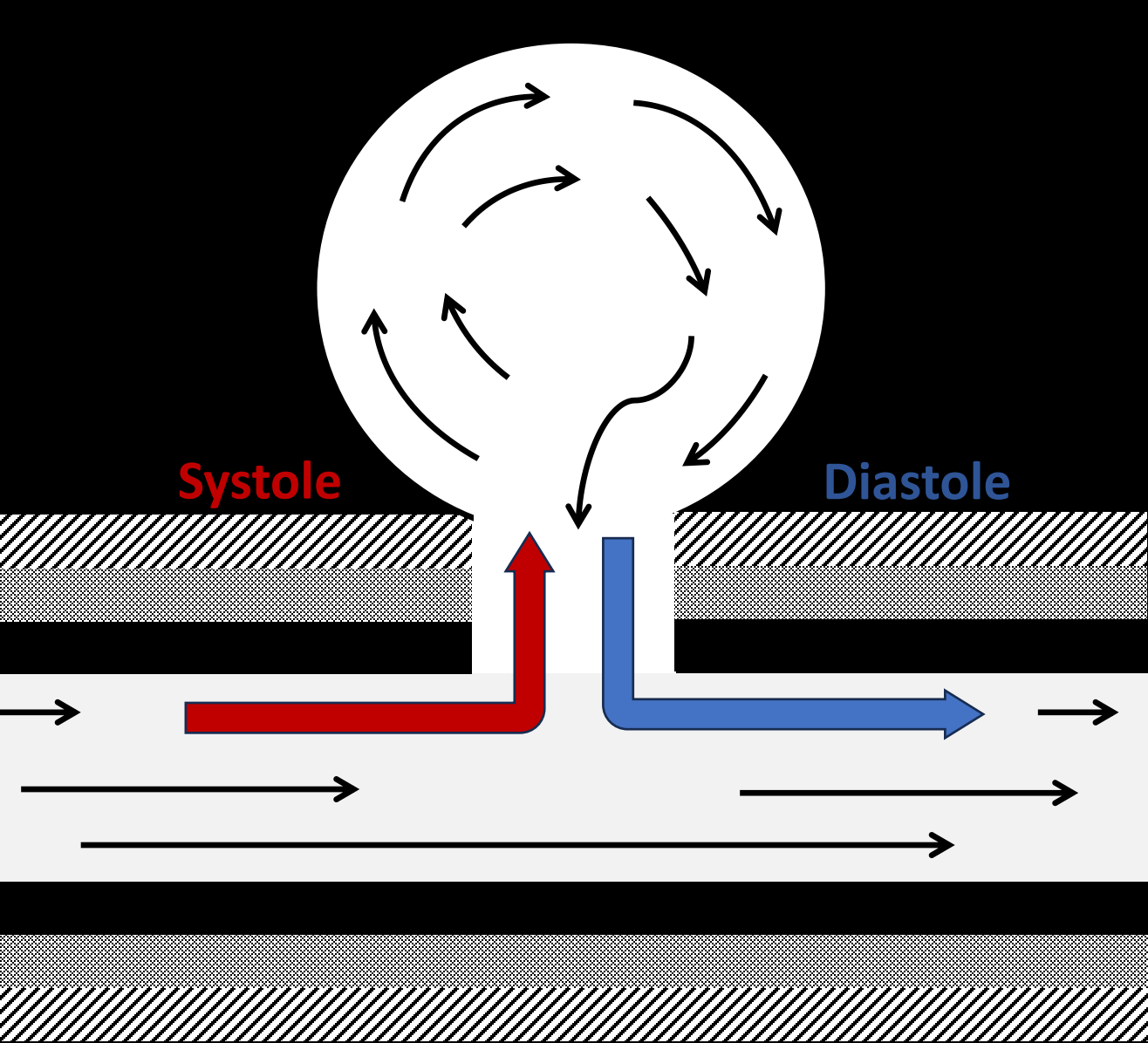
00100 Roma
Tel. 06/49812111
Fax 06/49812112

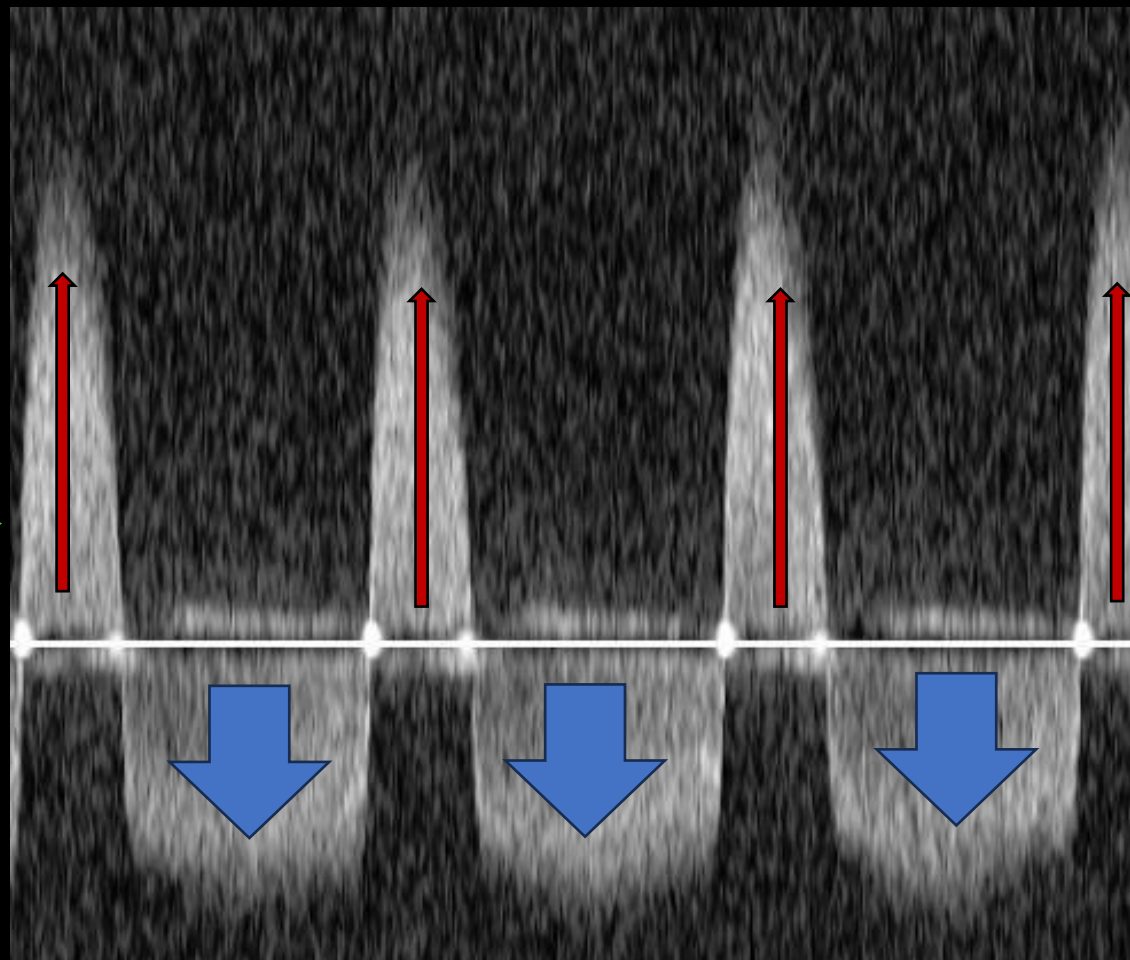
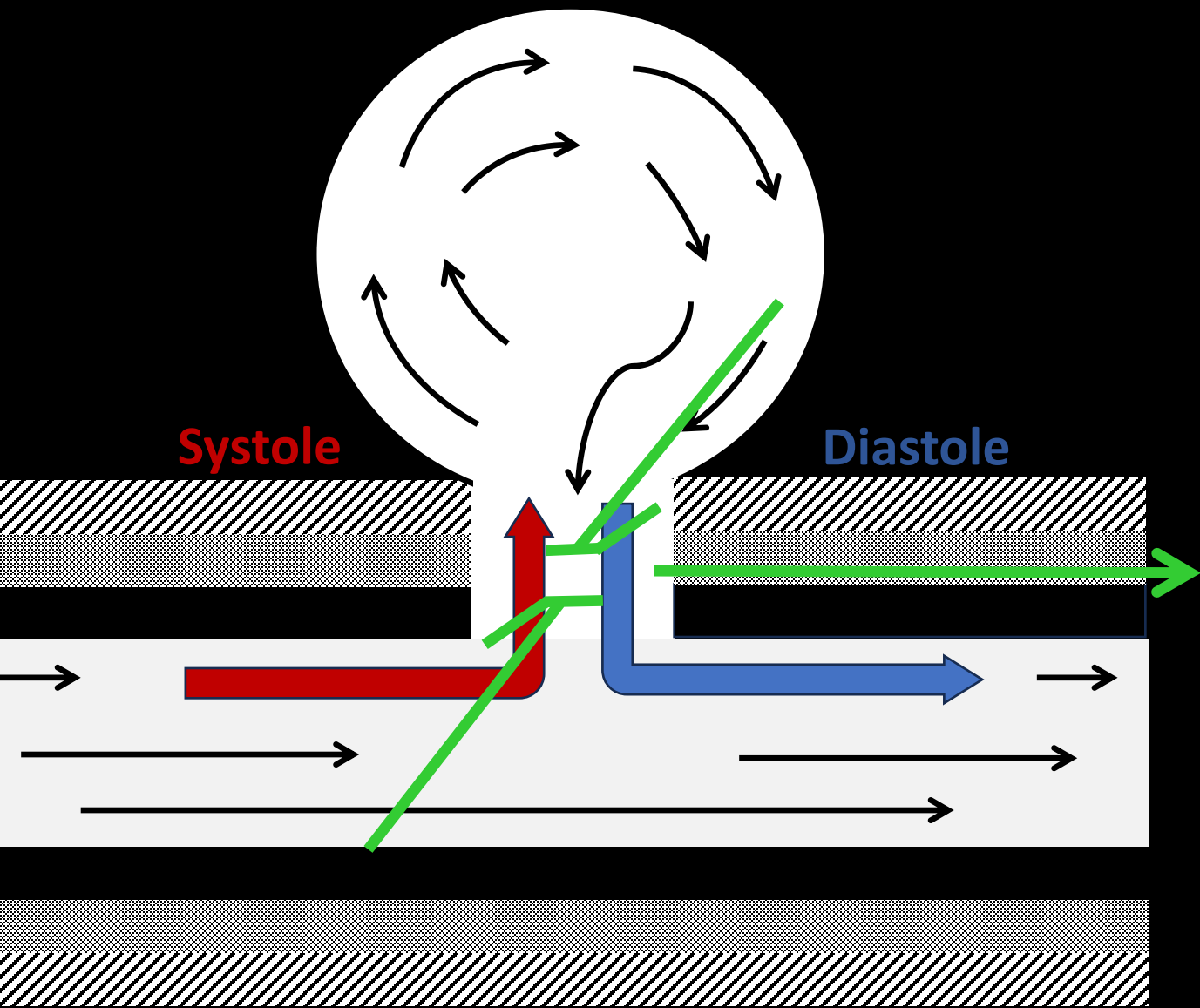
Internet: www.caracciolo.it
E-mail: caracciolo@caracciolo.it

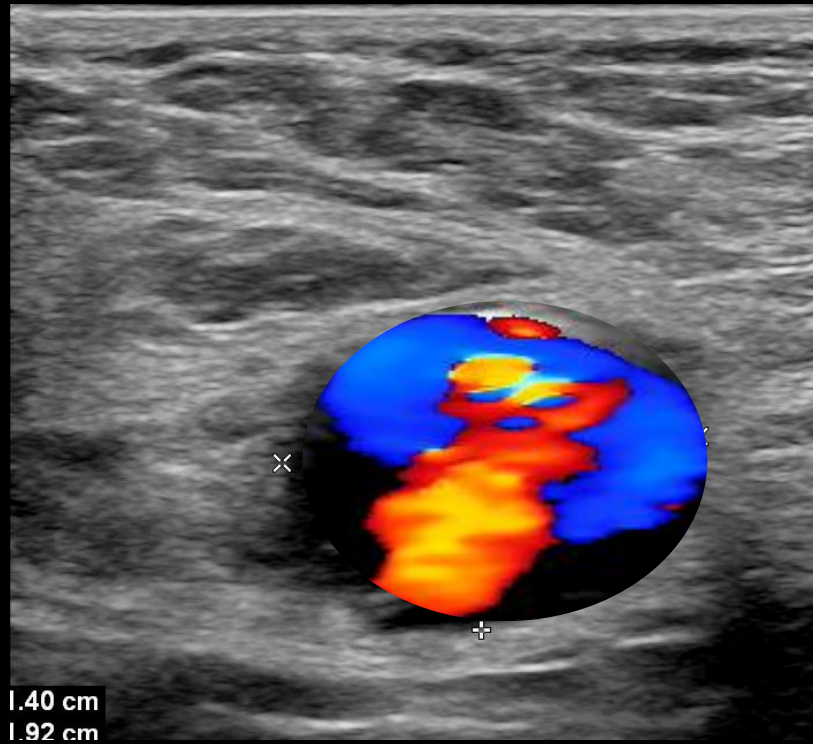


Hämatomhöhle
+
To-and-Fro

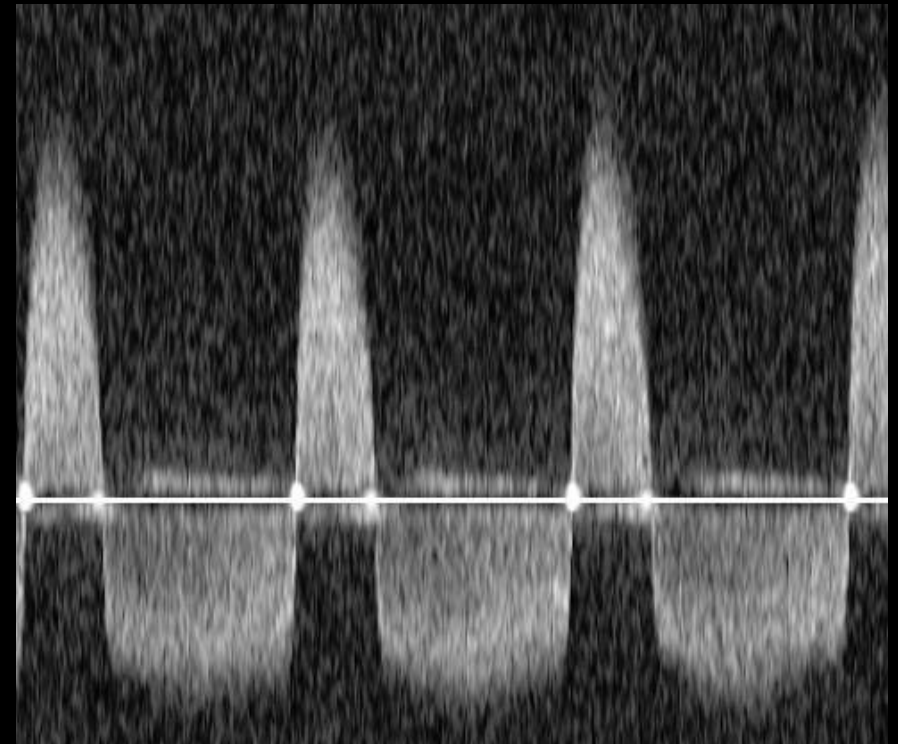






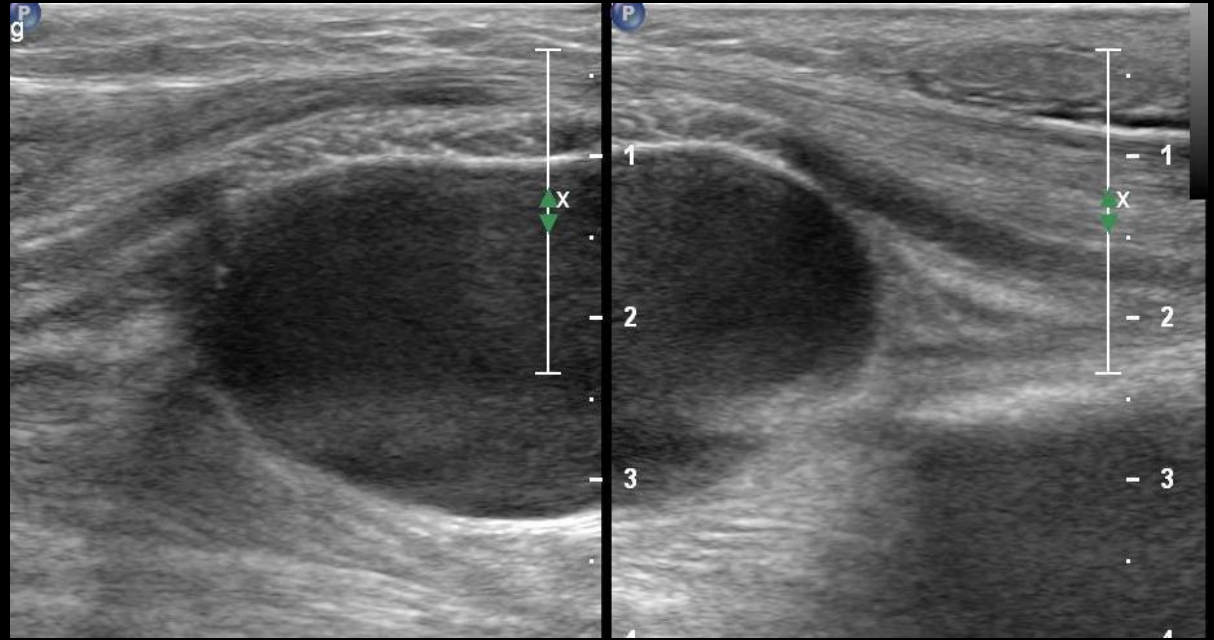
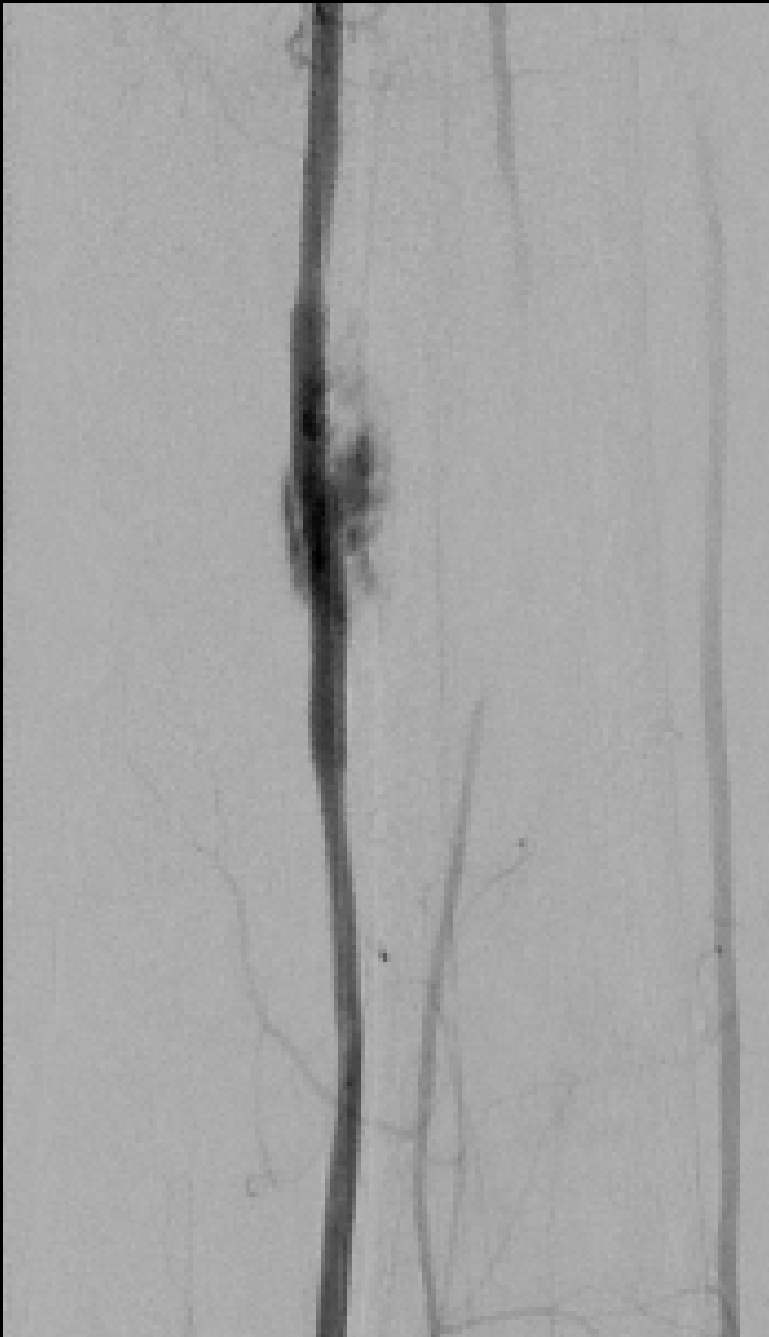


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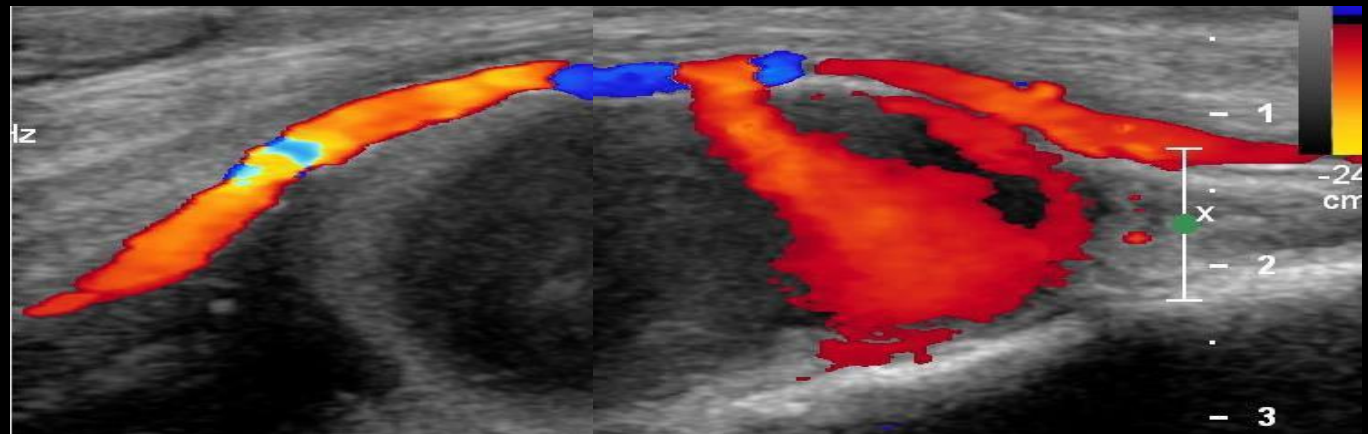


=

Aneurysma spurium



A. Tibialis posterior - nach Rotarex



BS Arteriell

C5-1

66Hz

A/G

2D

44%

Dyn. Bereich 70

P Min.

HAllg

TIS0.2 MI 1.3

S3



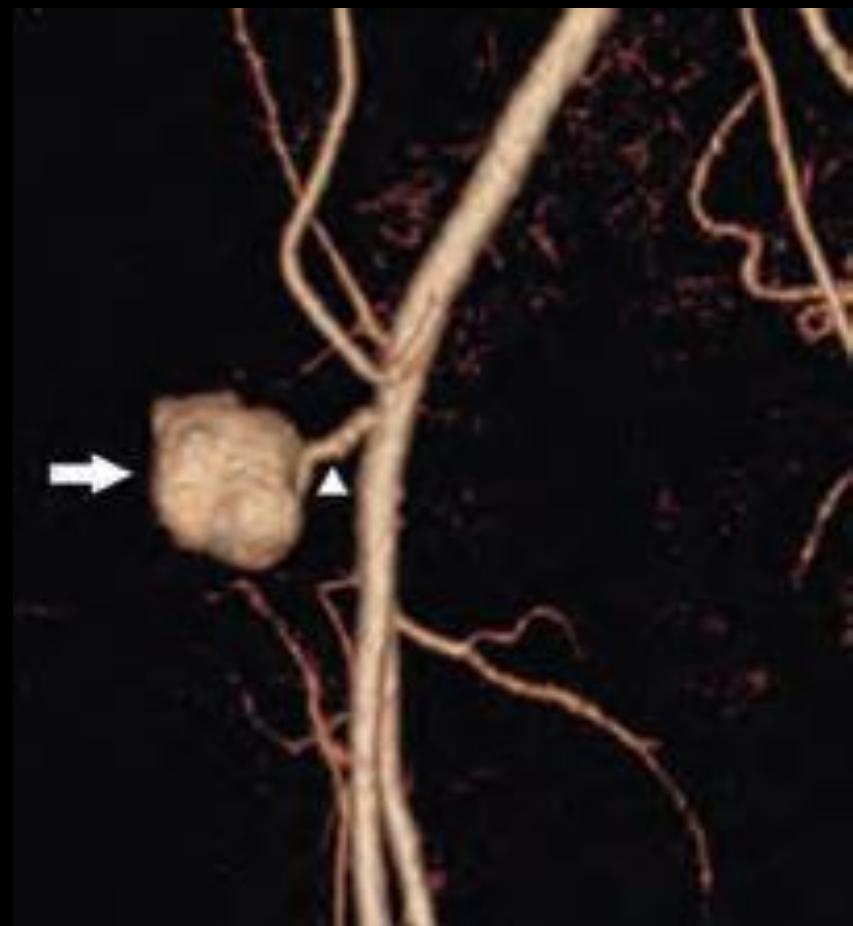
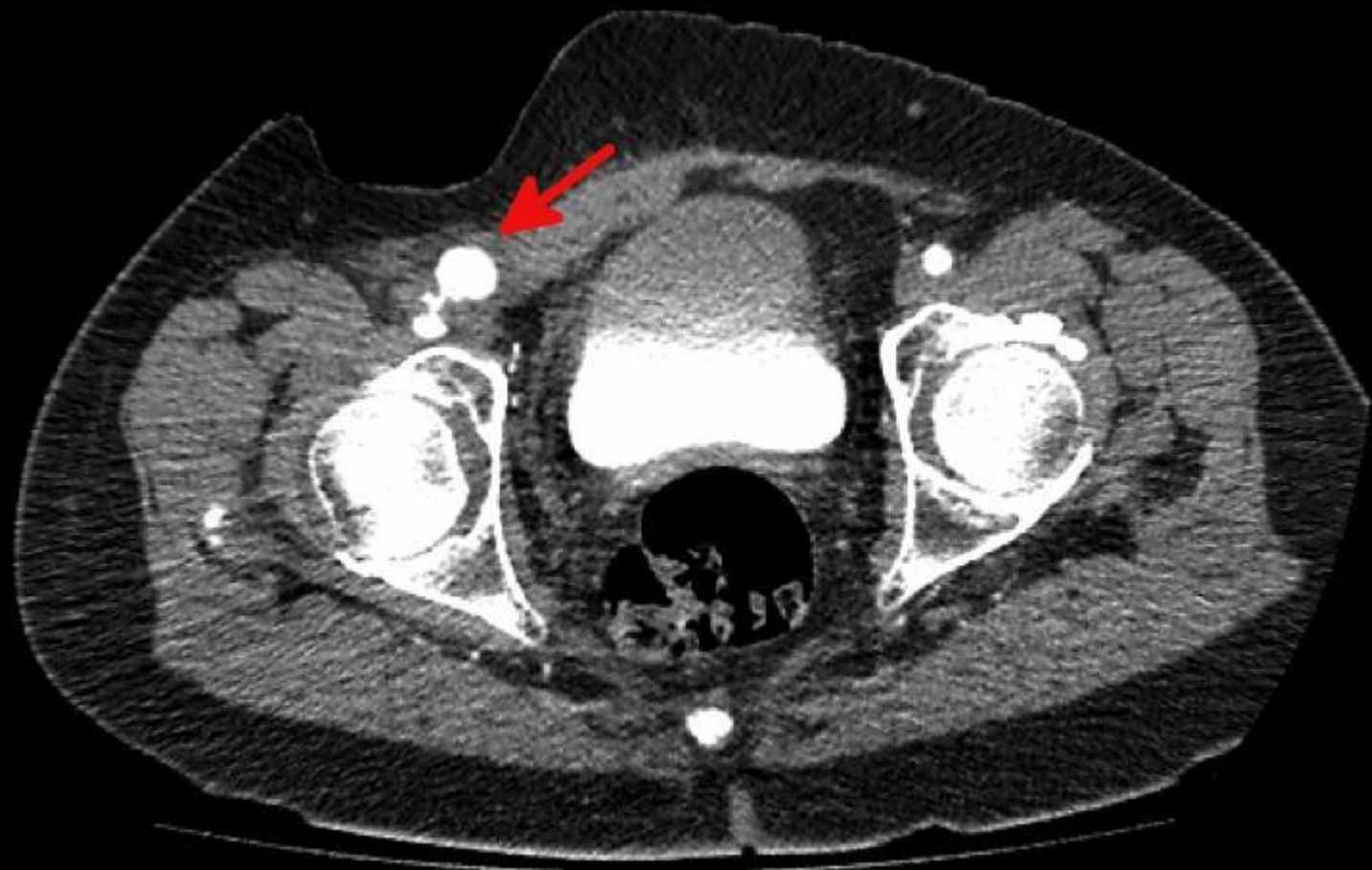
+ Abstand 5.25 cm

× Abstand 2.27 cm

POPLITEAL LI

Popliteal – nach Arthroskopie





- Watch & Wait
- Kompression
 - Druckverband?
 - Ultraschallgesteuert?
- Thrombininjektion
- Chirurgie (Übernähung, Resektion)
- Endovaskulär (Covered Stent, Coiling)



- Watch & Wait

- Kompression

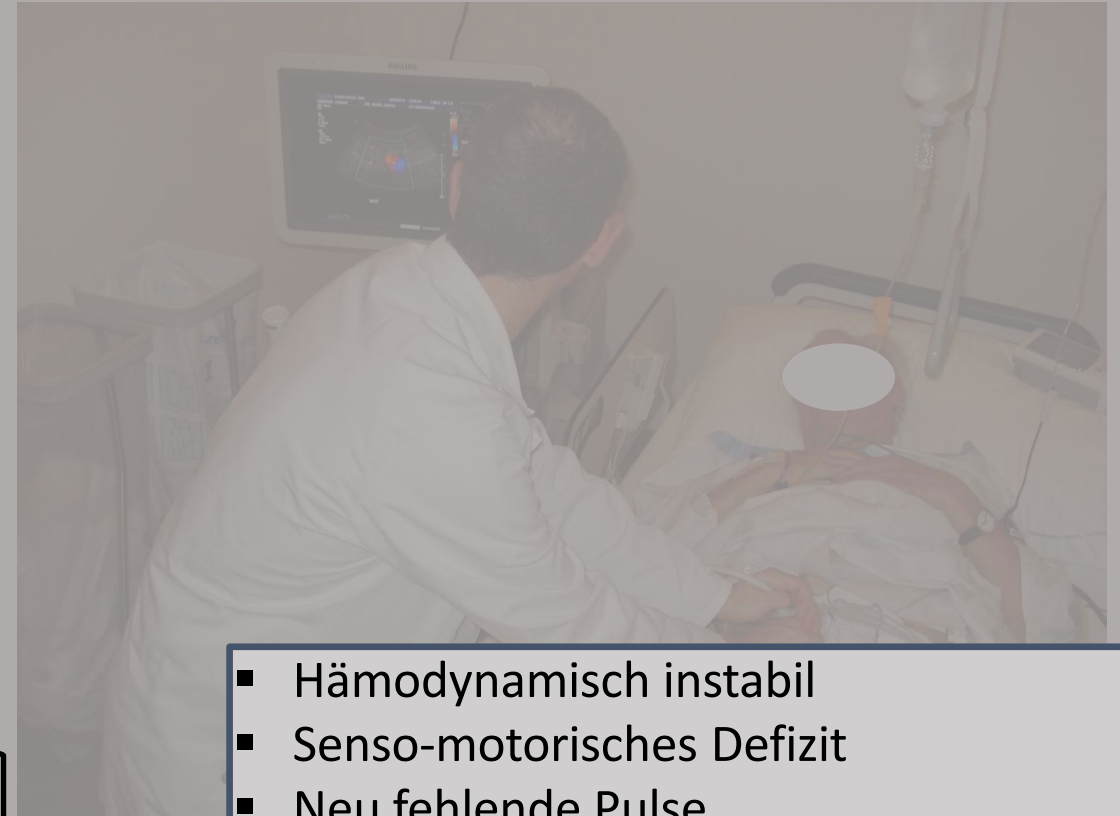
- Druckverband?
- Ultraschallgesteuert?



- Thrombininjektion

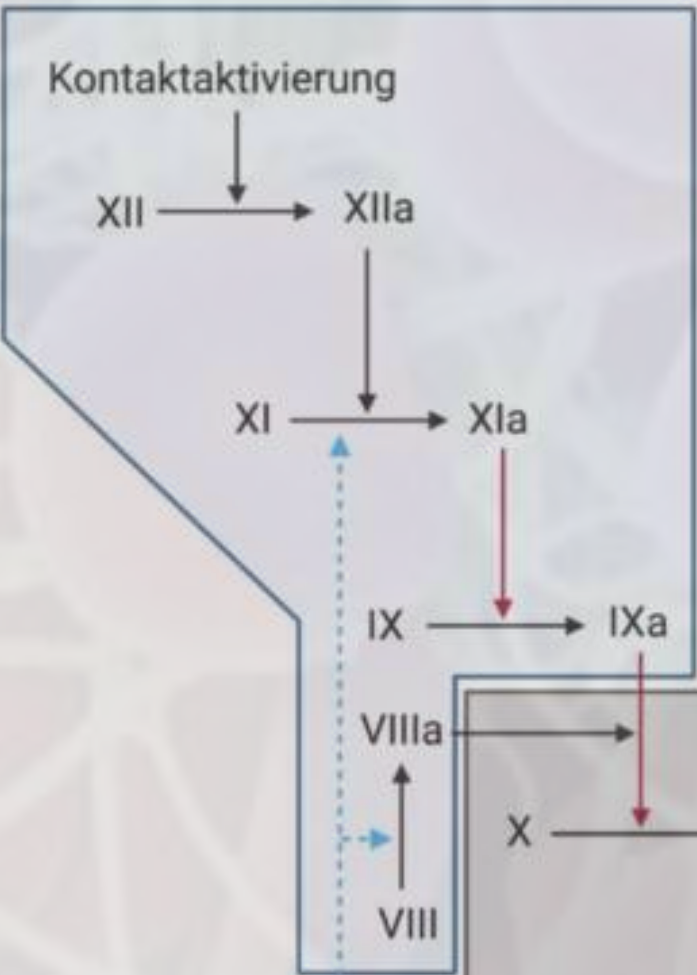
- Chirurgie (Übernähung, Resektion)

- Endovaskulär (Covered Stent, Coiling)

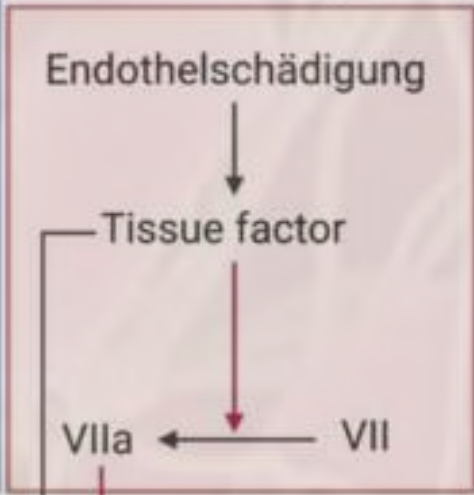


- Häodynamisch instabil
- Senso-motorisches Defizit
- Neu fehlende Pulse
- (drohende) Hautnekrose-/Infekt
- nicht tolerierbare Schmerzen
- Schnell grösser werdendes Hämatom

Intrinsischer Weg



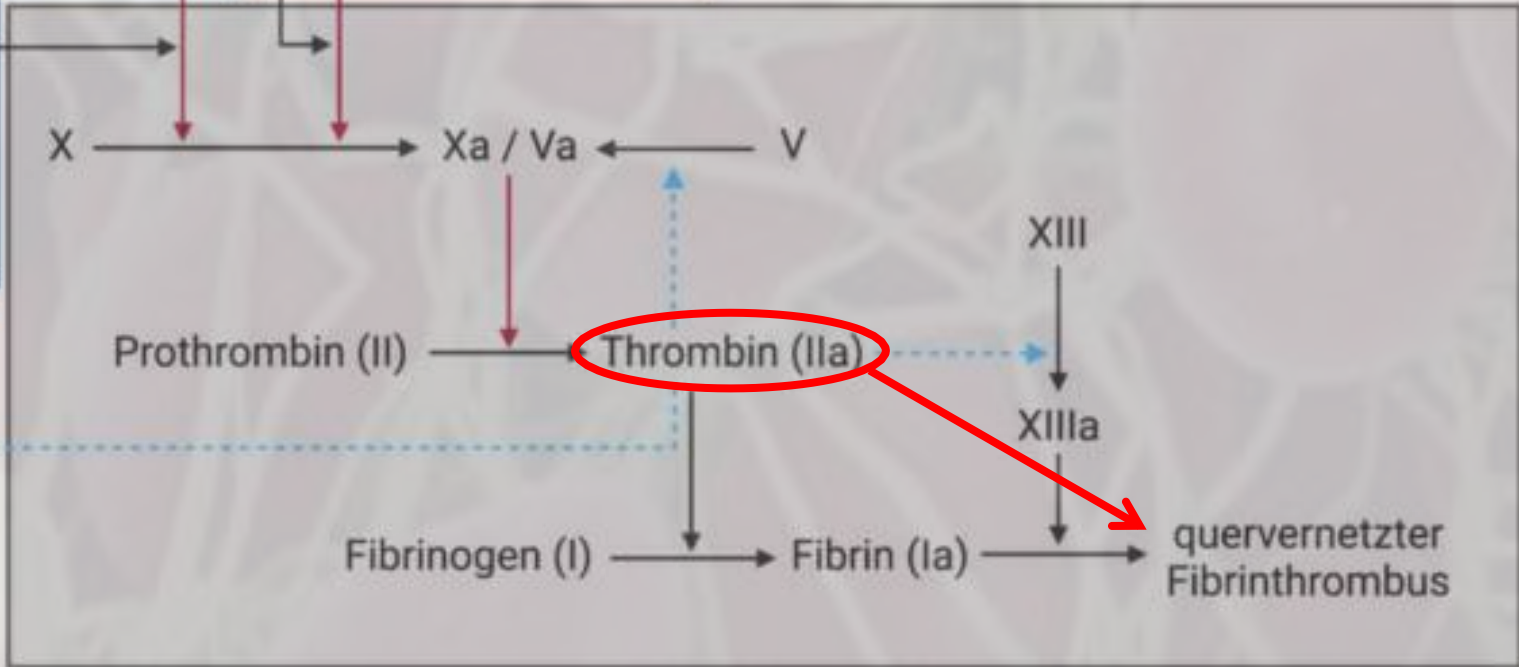
Extrinsischer Weg

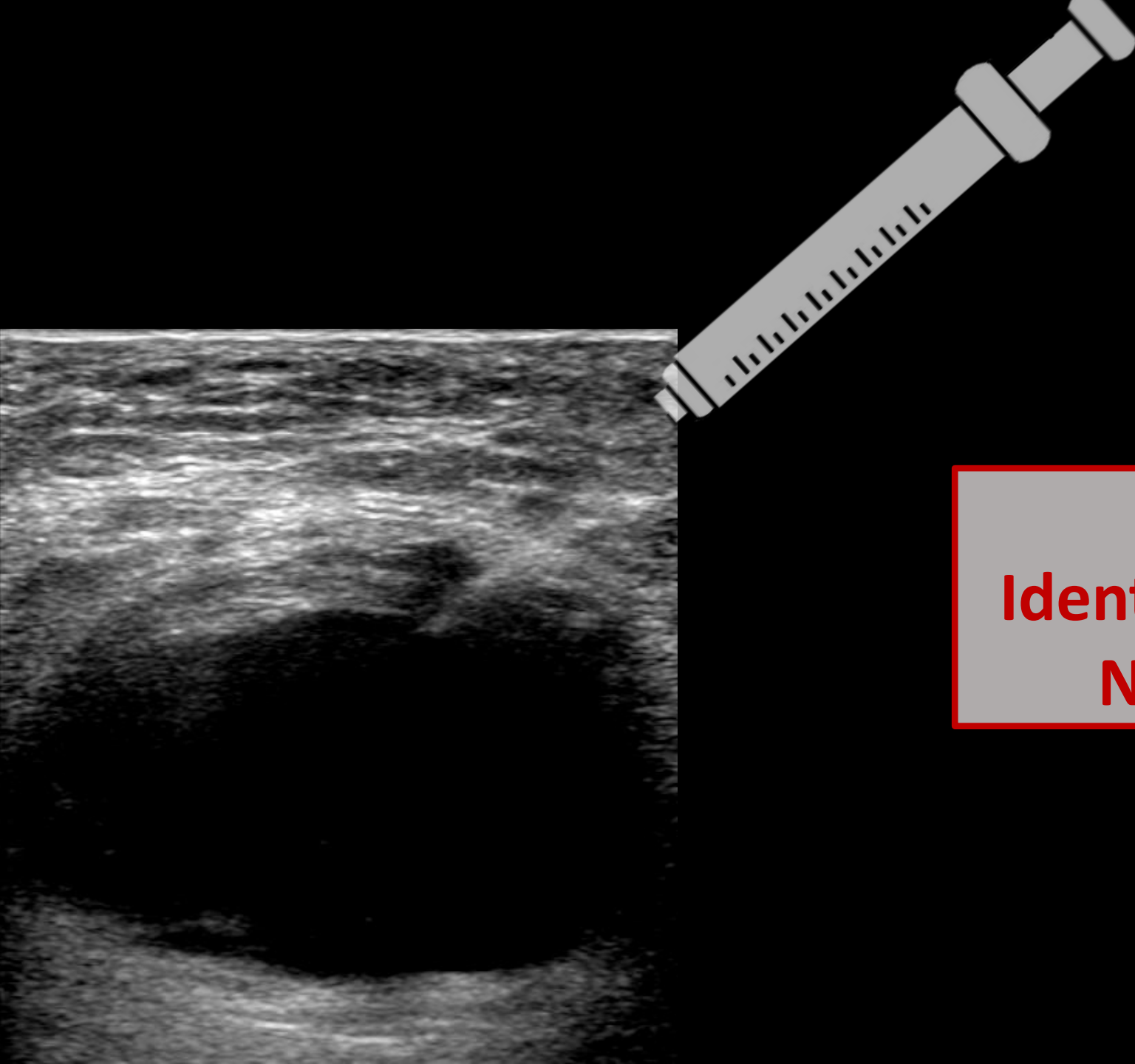


→
Cofaktoren:
Ca²⁺ und
Phospholipide

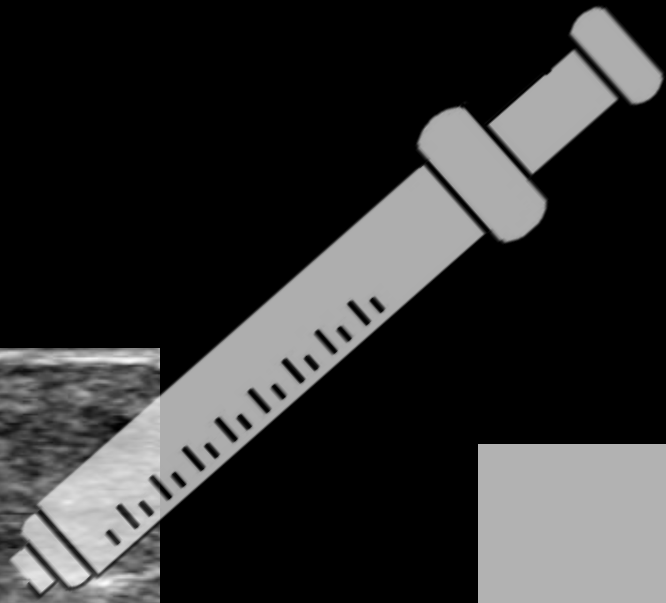
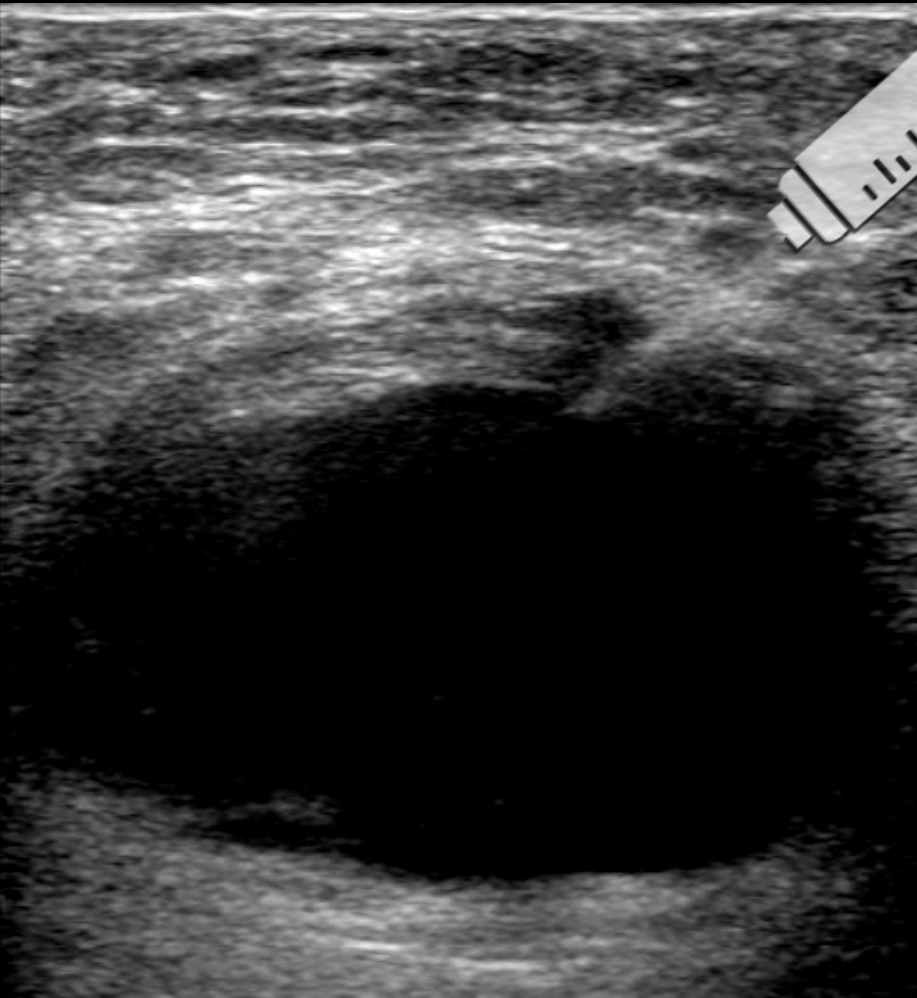
--->
aktiviert
durch
Thrombin

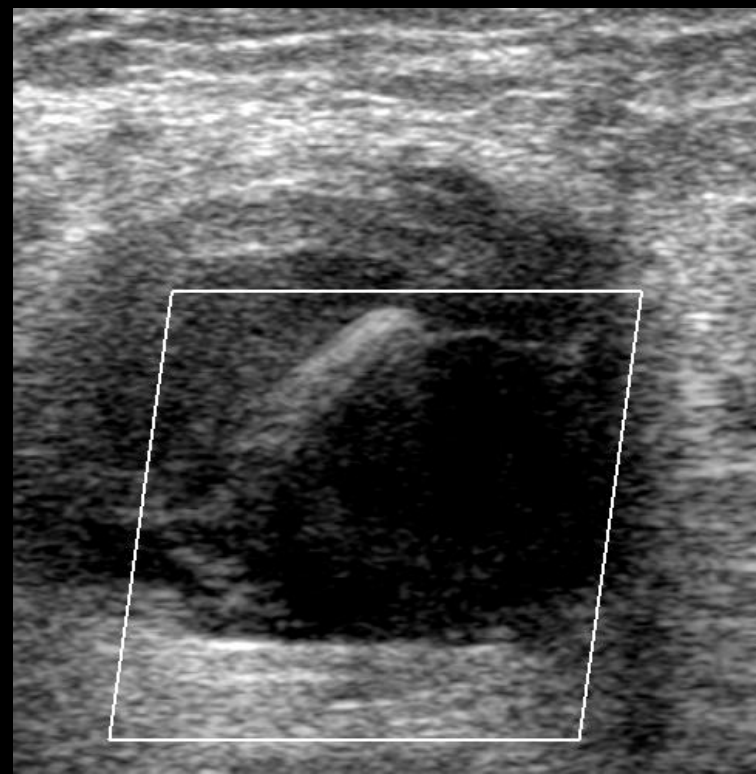
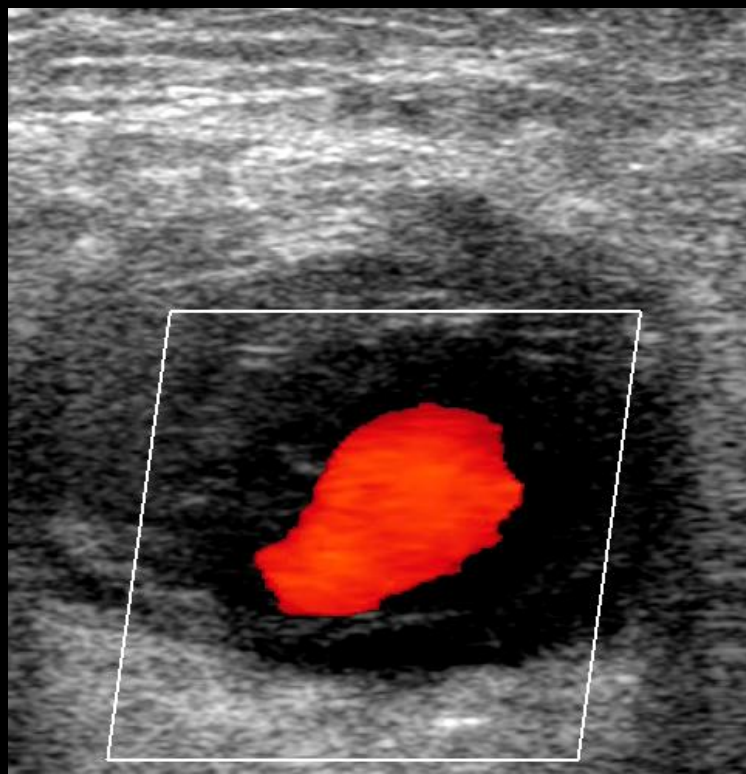
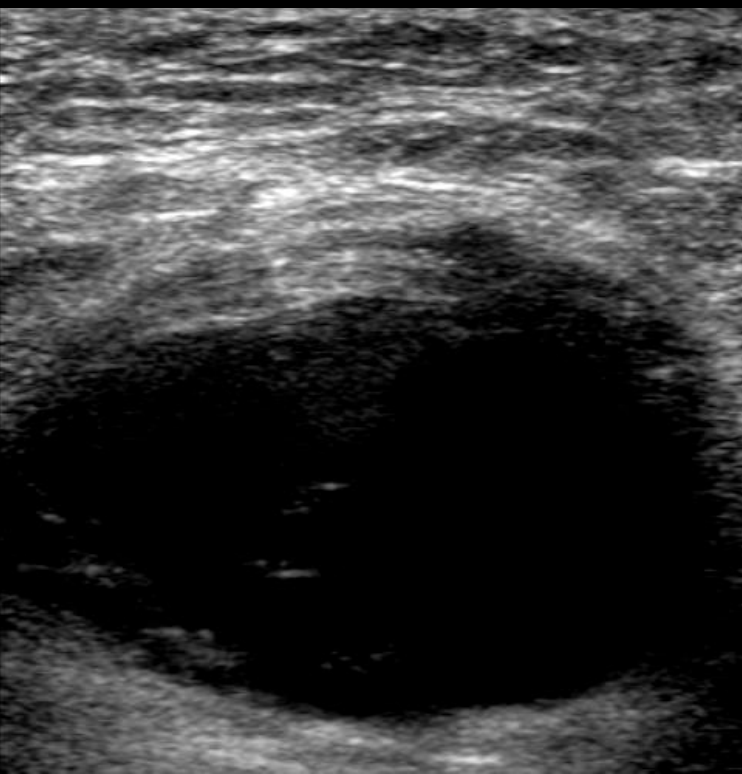
Gemeinsame Endstrecke

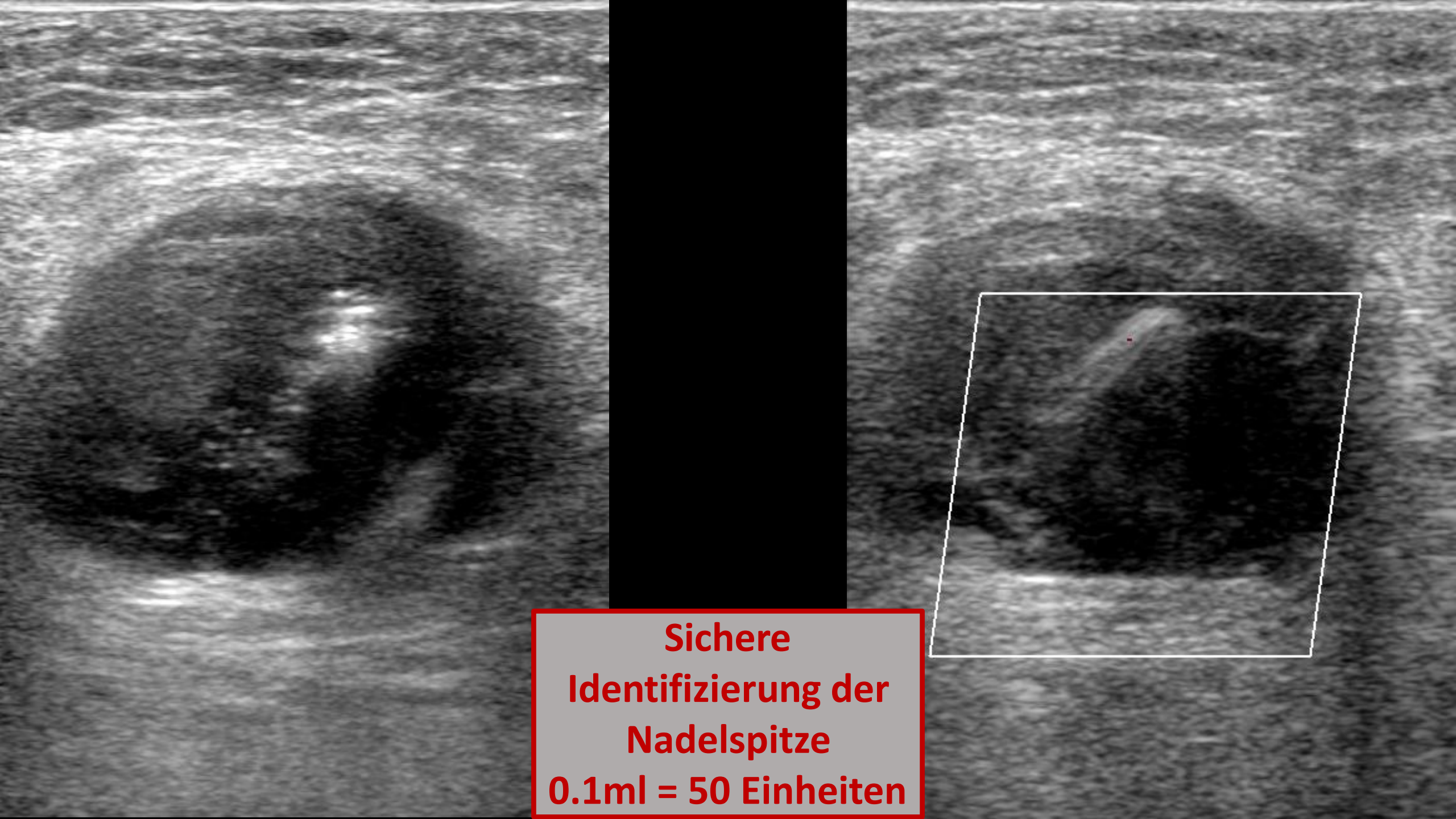




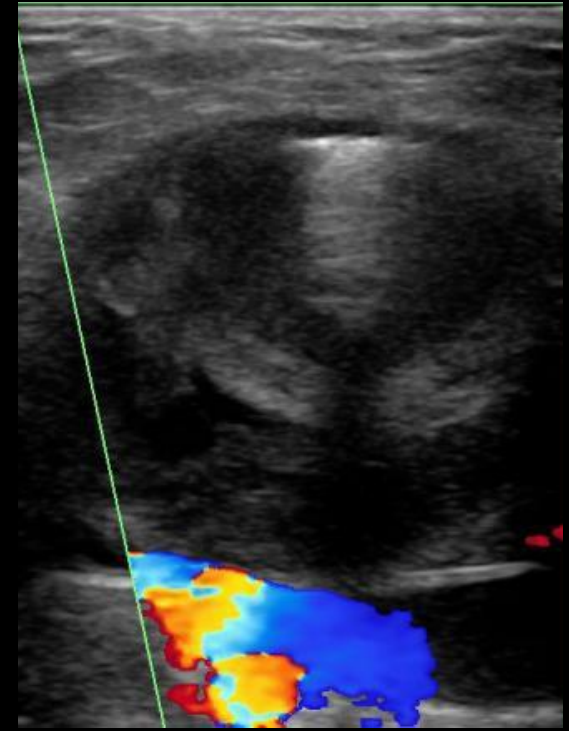
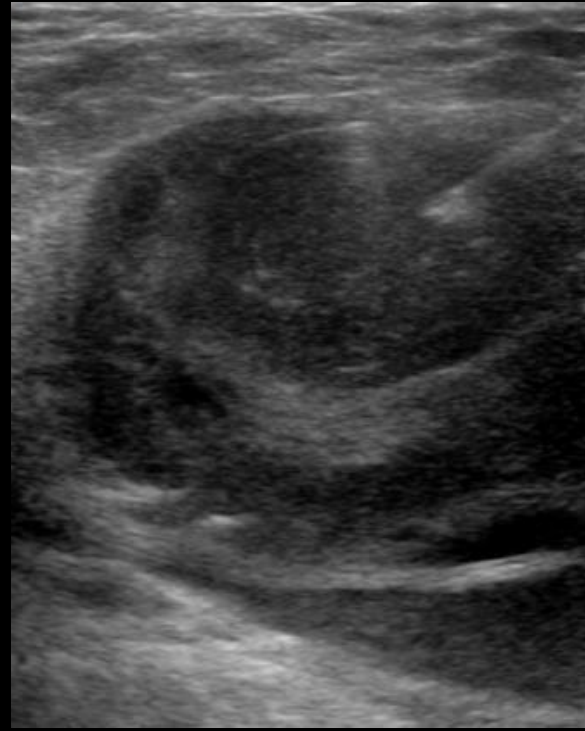
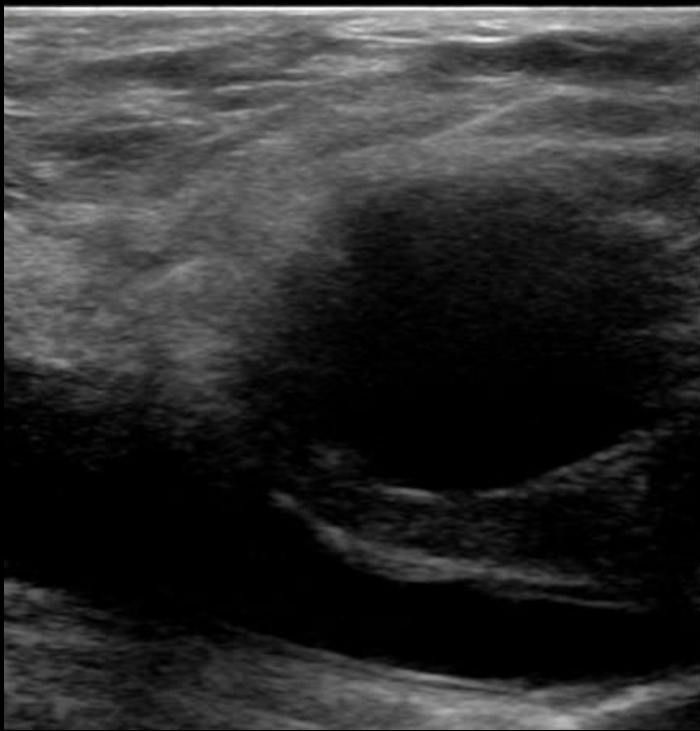
**Sichere
Identifizierung der
Nadelspitze**







**Sichere
Identifizierung der
Nadelspitze
0.1ml = 50 Einheiten**



Vollständiger Verschluss?

Arterie(n) offen?

Pulsstatus unverändert?

Distale Embolisation?

Distale Embolisation < 1%

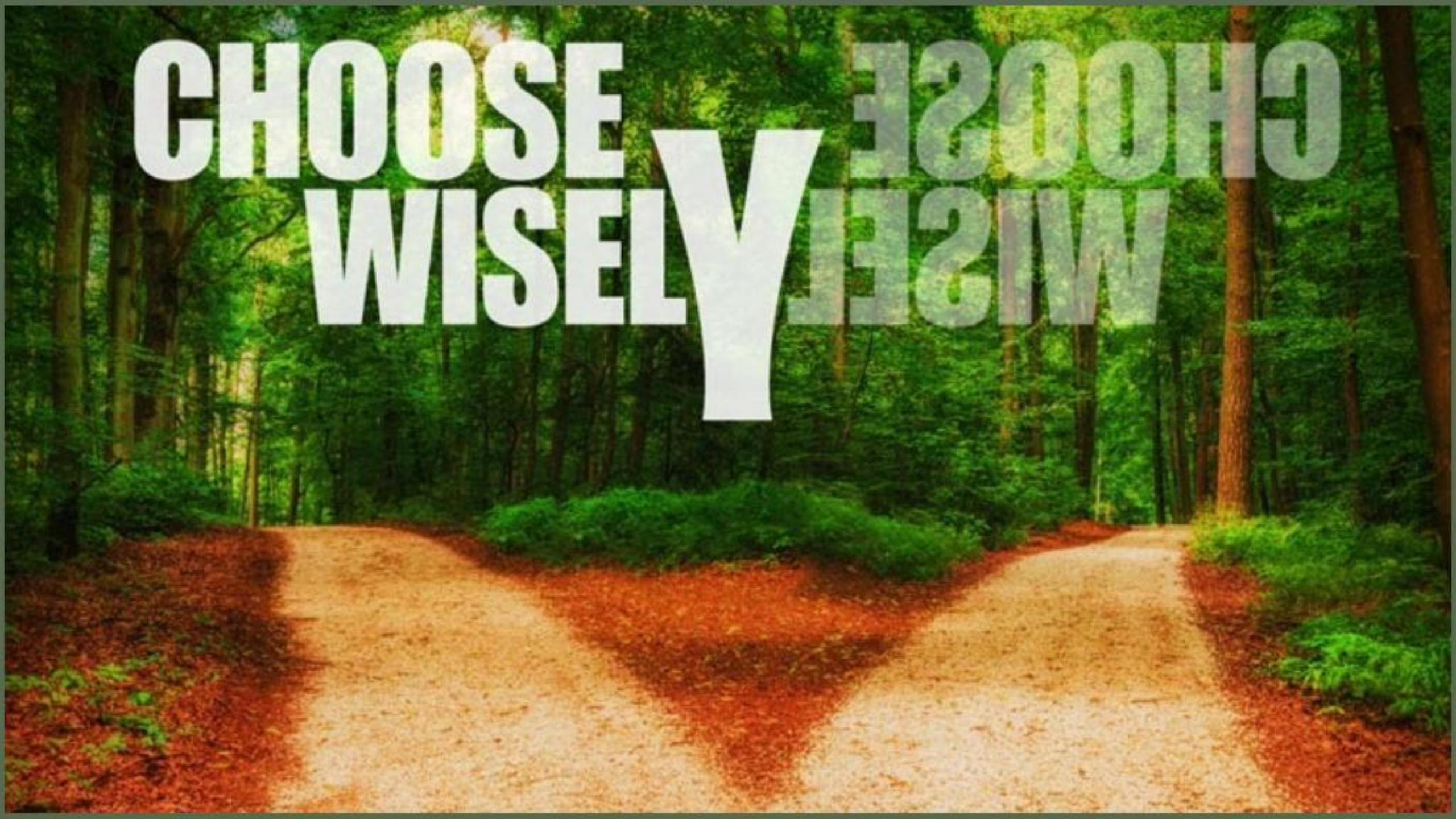
- bei Aneurysma spurium <1cm?
- bei kurzem u/o weitem Hals?

Case Reports:

- Allergische Reaktion
- Infektion
- Ruptur



CHOOSE WISELY **CHOOSE WISELY**



Vielen Dank für Ihre Aufmerksamkeit!

Fragen?

