

INTRODUCTION

Autologous vein is the most commonly used graft for lower limb bypass. Malignant transformation of the graft is as rare as it is difficult to diagnose and treat.

| CASE REPORT | |
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| 58-year-old male | Arterial hypertension Smoker Diabetes mellitus type 2 Dyslipidaemia |

Follow-up in Vascular Surgery appointments for left lower limb peripheral arterial disease (PAD).

- 2000: femoropopliteal bypass using reversed homolateral great saphenous vein due to stage IV PAD (Leriche-Fontaine classification).
- <u>2005</u>: occlusion of femoropopliteal bypass, medically treated with analgesics and anticoagulation.
- November 2008: anastomotic false aneurysm of the common femoral artery treated with aneurysmectomy and Dacron patch angioplasty.
- January 2009: drainage of large hematoma in the femoral surgical site.
- March 2009: Implementation in the left groin, extending downwards to the internal aspect of the thigh, accompanied by left foot rest pain.

SARCOMATOUS DEGENERATION OF THROMBOSED ARTERIALIZED VENOUS GRAFT

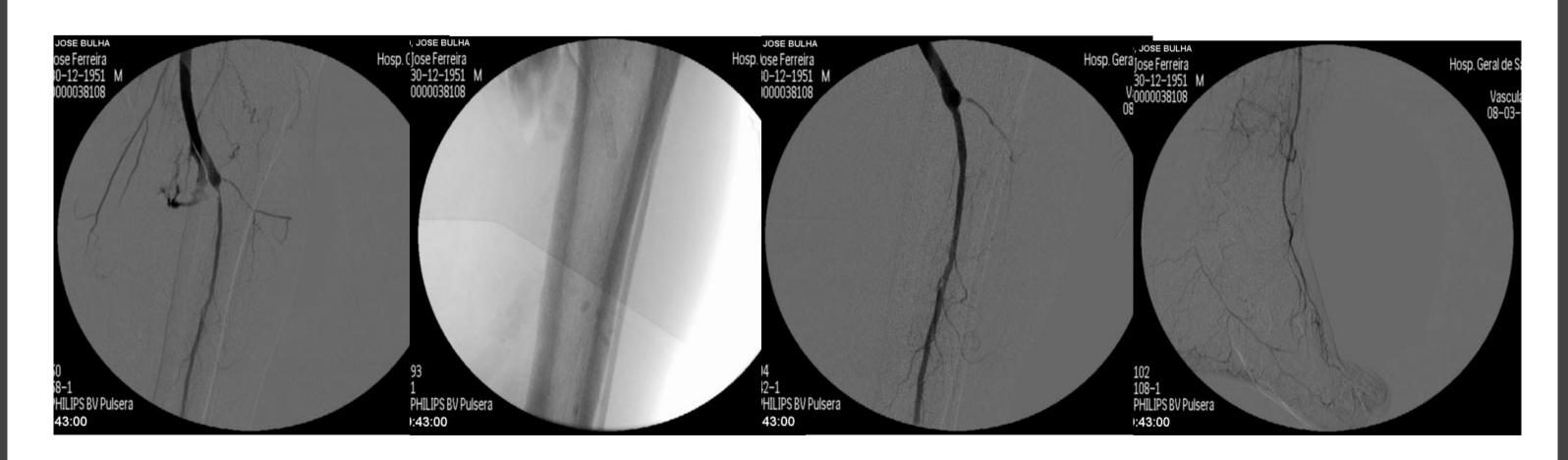
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Severe foot ishchemia, revascularization required: Femoroperoneal bypass using a 6mm PTFE conduct. POBA angioplasty of the peroneal artery. Peroneal artery stenting due to persistent stenosis

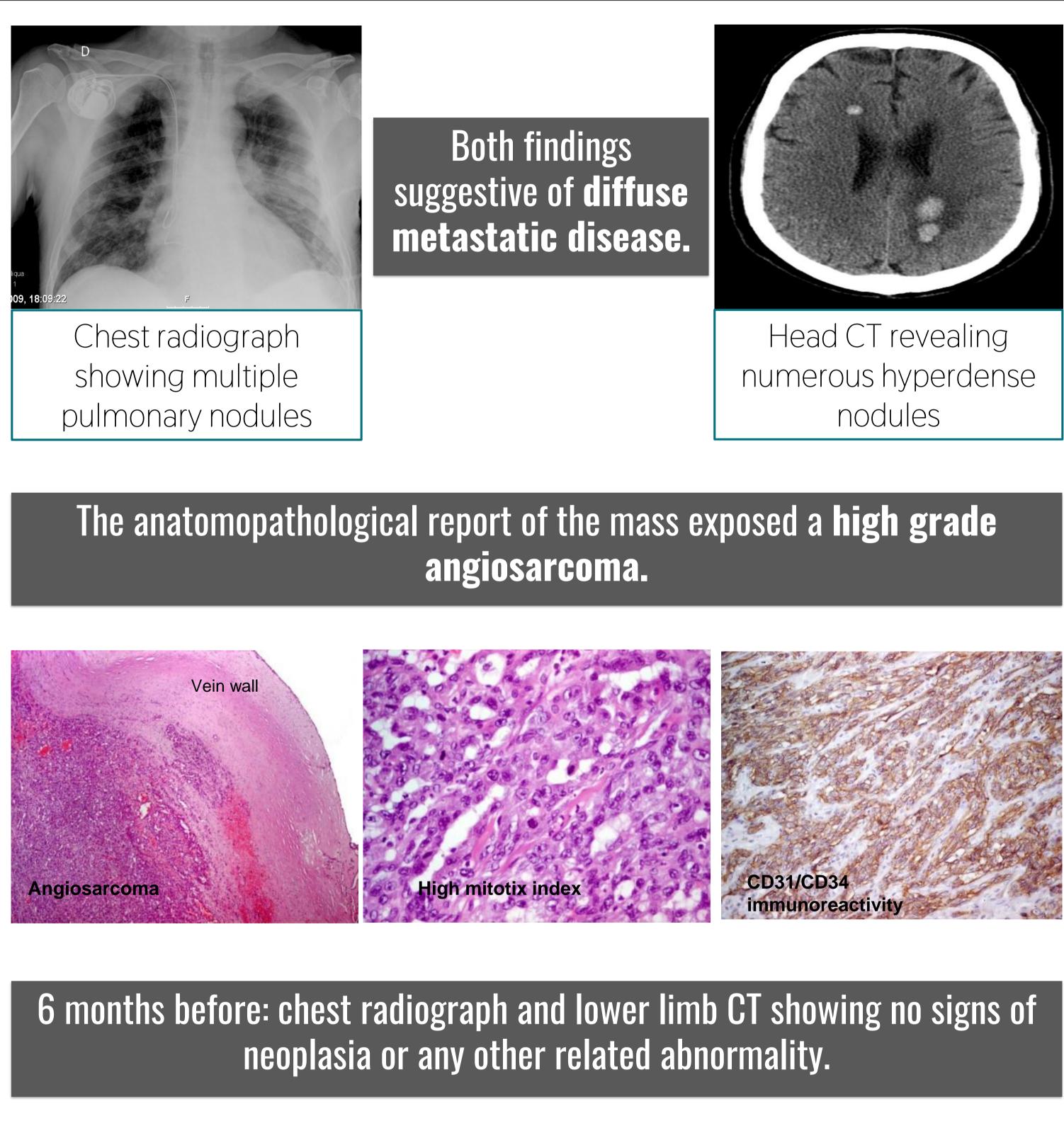




We proceeded to removal of a large multiloculated mass encasing the thrombosed venous graft.



In the following days, the patient acutely develops right hemiplegia and abundant haemoptysis.



CONCLUSION

We present a unique case report of a highly malignant primary vascular tumour, emerging from a thrombosed arterialized venous graft. The tumour developed swiftly in a period of 6 months and evolved into a diffuse metastatic disease.

After a multidisciplinary decision, the patient was admitted to a Palliative Care Unit and deceased 2 months after surgery.