

A Rare Case Of Profunda Femoris Pseudoaneurysm Post Fracture Fixation With Underlying Hemophilia A

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INTRODUCTION:

Although recurrent bleeds are common in hemophilia perioperatively, the incidence of bleeding from pseudoaneurysm rarely seen in this group.

We report an unusual case of pseudoaneurysm in a patient with mild hemophilia A that underwent interlocking nailing (ILN) following a femoral shaft fracture.

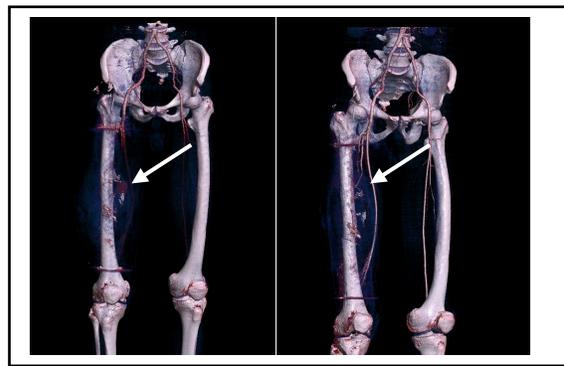
REPORT:

A 43-year-old man with Haemophilia A was involved in a motor-vehicle accident and sustained a closed fracture of the right femur. He was put on skeletal traction for temporary stabilization and planned for interlocking nail surgery later. During the nailing surgery, open direct reduction had to be performed due to the difficult reduction of fracture. Post-surgery, he was given Factor VIII intravenous administration daily for 2 weeks. He was well throughout that period.

However, at 3 weeks after surgery, his right thigh suddenly became very swollen and tense. There was significant drop in Hb from 12 to 6.3. TWC and CRP were raised. Provisional diagnosis of infected hematoma was made and evacuation of the hematoma was performed.

Patient was well for about two weeks when the similar symptoms recurred. CT angiogram was performed with suspicion of hematoma due to slow occult bleed. However, CT angiogram showed a profunda femoris artery pseudoaneurysm. Patient was referred to Intervention Radiologist in a tertiary hospital and embolization of the aneurysm was done via left common femoral artery.

Post embolism, he was well. The swelling subsides over a period of 1 week. He was then discharged and there had been no recurrence until 6 months after femoral nailing. He was compliant to physiotherapy and was able to walk without aid after 2 months of femoral



nailing.

Figure 1: CT-angiography image of left profunda femoris artery pseudoaneurysm (left image) and post embolization with complete resolution.(right image)

CONCLUSION:

Bleeding is a common complication /symptom of hemophilia. However, in a case of sudden onset of an atypical recurrent hematoma in a post-surgery hemophilia patient the possibility of occult bleed or pseudoaneurysm need to be consider. In a facility with available CT angiogram, it should be performed prior to embarking subsequent procedure. In evidence of pseudoaneurysm, successful aneurysm embolization will give better outcome to control bleed and formation of hematoma.

REFERENCES:

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