

Salvaging the ‘life-threatening life line’: repair not recreate

Haemodialysis patients are at high risk of vascular access complications. Pseudoaneurysm is one of these complications that typically develops after a blunt or penetrating trauma (Maleki et al, 2014).

A 55-year-old woman with end-stage renal failure on regular haemodialysis presented with an infected arteriovenous fistula which manifested as a pseudoaneurysm along with impeding pus. Instead of ligation and recreation of new fistula, the authors opted for repair of the infected fistula and cannulated it for future haemodialysis (Figure 1). **BJHM**

Maleki MH, Noori E, Adhami A, Javadinia SA (2014) Complication of hemodialysis access (pseudoaneurysm): a case report. *Acta Medica Iranica* 52(2): 173–4

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Figure 1. Intraoperative photos of ruptured pseudoaneurysm exploration and repair. **a and b.** Elliptical skin incision (around the ruptured opening) with proximal and distal extension. **c and d.** Dissection of aneurysm after proximal and distal control achieved with vessel loops (yellow and red). **e.** Aneurysm sac opened and excised to the neck of the aneurysm. **f.** Aneurysm neck repaired and closed with sutures, vessel loops removed showing re-establishment of blood flow without any leak or bleeding.



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