limb and lower limb. It is also known as throboangiitis obliterans. Studies have shown Bone Marrow Mononuclear cells may enhance neovascularization in ischaemic limbs secondary to Buerger's disease. We are describing 2 cases of Buerger's disease with history of multiple amputations of the toes, treated with stem cell therapy.

CASE 1

25 year old smoker presented with non healing painful foot ulcer for 2 months duration. On examination, there was an ulcer at right fifth toe. Digital Substraction angiography showed a single arterial supply to both lower limb and cork-screw appearance at the ankle region. Wound debridment was done. Autologous bone marrow Mononuclear cells (BM-MNC) obtained using the standard protocol and injected intramuscularly to the calf, plantar and lateral region of the right lower limb. Another cycle of autologous bone marrow mesenchymal stem cells (BM-MSC) injection was done on the subsequent month. There was no immediate or post-procedure complication. Digital substraction angiography 1 month after the therapy showed improvement of collaterals at the affected leg. His ulcer healed at 2 months follow-up.

CASE 2

35 year old man, a smoker presented with wet gangrene of the right fourth and fifth toe. He had history of ray amputation of the right first and third toe, with right femoral-popliteal bypass done 6 months prior to this presentation. Digital Substraction Angiography showed feature of Buerger's Disease. Right transmetatarsal amputation was done. The wound was noted to be slow healing. 2 cycles of autologous bone marrow injection was done at the calf muscles, plantar and wound. Digital substraction angiography post procedure shows increased collateralizations of the right lower limb and foot. After 2 months, the transmetartasal amputation wound healed, patient was asymptomatic.

CONCLUSION

Our result shows the stem cell therapy can treat ischaemic limb secondary to Buerger's disease.

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POPLITEAL ARTERY ENTRAPMENT SYNDROME: AN UNCOMMON CAUSE OF LOWER LIMB ISCHAEMIA

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INTRODUCTION

Popliteal Artery Entrapment Syndrome (PAES) is a rare vascular disease that usually affects the young adults and athletes. It is a consequence of an abnormal positioning of the popliteal artery in relation to its surrounding structures. Patient usually presented with intermittent claudication and in severe cases, patient may presented with acute vascular insufficiency.

ABSTRACT

We are report of a 32 years old soldier presented with intermittent claudication of the right leg for 2 years. The pain worsens for 2 months as the claudication distance reduced to 100 metres. He has no other risk except for heavy smoker. Examination shows the right leg was cold, no skin changes, intact sensory and the distal pulses was

not palpable. Ankle brachial systolic index was 0.7. Digital substraction angiography of the right lower limb shows short segment chronic total occlusion of the distal superficial femoral artery. However there were reconstitution of the popliteal artery, anterior tibial artery and posterior tibial artery. Ultrasonography of the right leg shows the medial head of gastrocnemius impinge over the right popliteal artery. Intraoperative findings revealed Type II Popliteal Artery Entrapment Syndrome. Right myomectomy and popliteal bypass with interposition of vein graft was done. At follow-up, he has a complete resolution of his symptoms.

CONCLUSION

Popliteal Artery Entrapment Syndrome should be considered when dealing with young patients with claudication.

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HEART FAILURE AS A PRESENTATION OF ABDOMINAL AORTIC ANEURYSM CAUSED BY THE PRESENC E OF AORTOCAVAL FISTULA

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INTRODUCTION

Aortocaval fistula is an uncommon complication of ruptured abdominal aorta aneurysm (AAA). It accounts for 3-6% of all ruptured cases. The AAA usually ruptures to the retroperitoneum space or peritoneal cavity; rarely do they rupture into the IVC forming an aortocaval fistula.

CASE REPORT

We report a case of aortocaval fistula that was found during an elective abdominal aortic aneurysm repair. A 60 years old gentleman presented with lethargy and worsening shortness of breath for 3 days duration. No history of abdominal pain or back pain. Clinically he was hypotensive and there was a pulsatile central abdominal mass. Computed tomography of the abdomen shows 8.7 x10 x 12 cm infrarenal abdominal aortic aneurysm that extend to the bifurcation of aorta. There was an aortocaval fistula noted. There was no evidence of leak or dissection. Open Abdominal Aortic Aneurysm repair was done. The fistula was closed within the sac with a monofilament polypropyelene sutures. Post operatively patient developed hospital acquired pneumonia and prolonged ileus. He was discharged well on post operative day 10.

CONCLUSION

Aortocaval fistula is an uncommon complication of AAA. However the diagnosis should be considered as it may lead to massive bleeding intraoperatively.

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CONGENITAL ARTERIOVENOUS MALFORMATION PELVIS AND PERINEUM: A MULTIDISCIPLINARY APPROACH

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INTRODUCTION

Arteriovenous malformation of the perineum is a rare condition. Although most patients are asymptomatic but it may cause there is