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.

# PP 61

## 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.

# PP 62

## 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

potential sexual dysfunction due to size and position of the lesion. The management of this condition remains challenging because of their unpredictable behavior and high recurrence rate.

## ABSTRACT

We report a 28 year old lady with a painless swelling at the vulva since birth which causes her disfigurement. In the past she had seek various treatment but was advice to be treated conservatively due to the extensiveness. She was referred by a gynaecologist to us as she is getting married. On examination, there was a labia swelling size 6x5 cm. There was a limb length discrepancy with varicosities. Computed tomography of the pelvis and lower limb revealed extensive vascular malformation with mixed arteriovenous component involving the perineum, pelvis and left lower limb. Angioembolization was done prior to the excision. Excision was performed using argon plasma and ligasure supplemented with tissue glue for haemostasis. The wound was primarily closed. Histopathology report is consistent with arteriovenous malformation. Unfortunately it was complicated with wound breaksown and bleeding. This was treated with multiple surgeries and haemostasis. The wound was leave open with vacuum dressing and subsequently healed.

## CONCLUSION

Treating arteriovenous malformation is challenging especially dealing with the risk of infection and bleeding.

# PP 63

# NUTCRACKER SYNDROME IN A YOUNG GIRL TREATED WITH ENDOVASCULAR STENTING

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## INTRODUCTION

The nutcracker syndrome (NS) is a constellation of symptoms that arise as a result of venous hypertension within the left renal vein (LRV) caused by compression between the superior mesenteric artery (SMA) and the aorta.

## CASE REPORT

We report 18 years old girl with chronic abdominal pain, diagnosed with NS which was treated by endovascular stenting (EVS) with a new adjunct technique of monitoring the SMA angle during the procedure. She presented with lower abdominal pain for 1 year. No symptoms suggestive of Nutcracker Syndrome. Examination was unremarkable. She was extensively investigated. Computed tomography of the abdomen revealed compression of the left renal vein by the superior mesenteric artery and the aorta with varicosities of its tributaries. The superior mesenteric angle calculated on computed tomography scan was 47 degrees. A subsequent selective venogram showed preferential contrast flow into the left lumbar plexus and the left gonadal vein. During the endovascular stenting, the catheter was angled into the superior mesenteric artery origin for angle monitoring. A 14x60 mm self expanding nitinol stent was deployed. Post stenting run showed good stent expansion, no reflux into the left renal vein and an increased superior mesenteric angle to 55