PP136 SPONTANEOUS PROXIMAL ULNAR ARTERY PSEUDOANEURYSM: A CASE REPORT

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INTRODUCTION:

Vague swelling at proximal forearm is commonly presented to emergency department as soft tissue injury, abscess or ganglion. In this case, we intended to report a case of proximal forearm swelling that turns out to be ulnar artery pseudoaneurysm.

CASE REPORT:

A 30-year-old lady with underlying chronic rheumatic heart disease with aortic valve replacement on anticoagulant presented with right proximal forearm discomfort for one week. It was associated with vague swelling distal to her elbow joint. She denied fever, history of trauma, injection or blood taking over the region. Physical examination revealed vague swelling about 8x5cm near elbow joint. It was a pulsating soft mass, warm and mild tender upon palpation. Bedside ultrasound showed dilatation of proximal ulnar artery about 2.5x2.5cm with false lumen and turbulent flow. CT Angiography of right upper extremity showed a saccular aneurysm seen at the proximal/mid right ulnar artery measuring 2.3(AP) x 2.5(W) cm.

DISCUSSIONS & CONCLUSIONS:

Pseudoaneurysm is a dilatation of an artery due to disruption or tear in the vascular layer creating false lumen. Commonly, it is due to blunt or penetrating trauma, intravenous drug abuse or iatrogenic. None of them have reported any spontaneous ulnar artery pseudoaneurysm. Ulnar artery pseudoaneurysm can have potentially severe consequences that include rupture, thrombosis, distal embolization and digital gangrene, infection or compressive mass effect. Failure to consider the diagnosis will lead to serious complications. Early diagnosis is crucial in preventing morbidity and usage of bedside ultrasonography aids in the time to diagnosis and management.