

POST TRAUMATIC AV FISTULA CAUSING CHRONIC VENOUS INSUFFICIENCY (surgical poster presented in kandy Society of Medicine Feb 2019)

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Introduction

Even though majority of the varicose veins presented to us are due to primary, secondary causes are often missed in the clinical examination. We present a case of secondary varicose veins which lead to a non-healing ulcer, which was treated for several years without addressing the etiology.

Case report

A 21 year old boy presented with a 2 year old history of right lower limb varicosities and an gaiter area ulcer not responding to treatment. He had a scar over medial aspect of lower thigh because of penetrating injury 3 years back with underlying thrill, suggestive of traumatic AV fistula with subsequent venous insufficiency. CT angiogram revealed a fistula between the superficial artery and femoral vein.

Fistula was explored and repaired with 50 polypropylene. Subsequently ulcer healed with couple of four layer strapping.

High flow fistulas present with cardiac failure and venous hypertension. Our patient had high flow fistula resulting in features of chronic venous insufficiency, without cardiac impairment. Diagnosis mainly depends on history and examination. Angiogram is the main stay of investigation as it provides information regarding the location, type of fistula.

Management of these type of fistulas are mainly endovascular. Still open surgery has a place in haemodynamically unstable patients, the lack of expertise and facilities to perform endovascular procedure. As we don't have endovascular suite we did open surgical correction.

Conclusion

High flow post traumatic AV fistulas can present with complications like chronic venous insufficiency which needs intervention. Secondary causes of varicose veins are usually missed and leads to complications.