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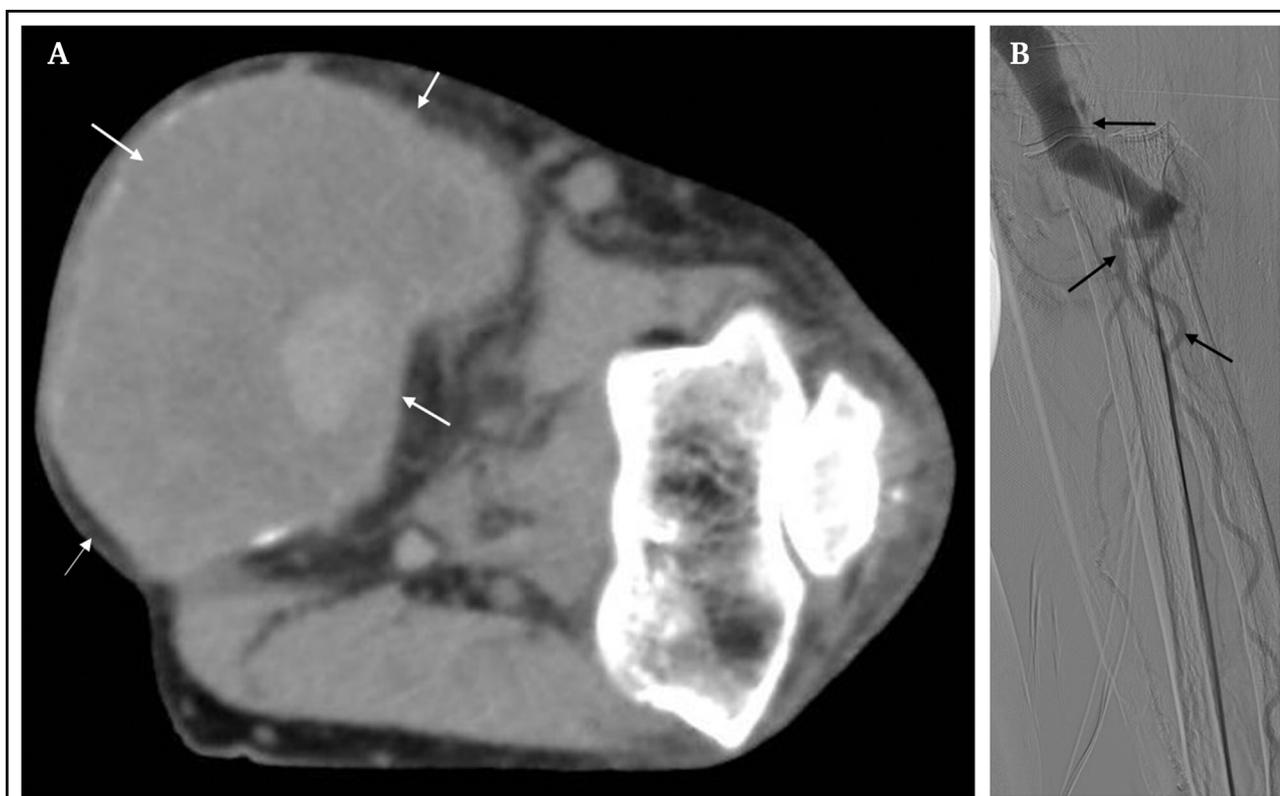
Eur J Vasc Endovasc Surg (2019) 58, 830

COUP D'OEIL

Brachial Artery Mycotic Aneurysm After Pneumococcal Pneumonia

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A 73 year old man who had renal transplantation for end stage renal disease and left brachiocephalic arteriovenous fistula ligation five years previously (due to a symptomatic venous aneurysm) was admitted with pneumococcal pneumonia. The patient presented with a spontaneous large pulsatile left arm mass without cutaneous inflammatory or acute ischaemia signs. Computed tomography angiography (A) showed a brachial artery aneurysm measuring 59 mm with contrast dilution obscuring runoff artery detail. Supplementary digital subtraction angiography revealed patent brachial, ulnar, and radial arteries (B, arrows). Aneurysm resection and axillobrachial bypass with autologous great saphenous vein was performed. Brachial artery microbiological examination revealed gram positive cocci.

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<https://doi.org/10.1016/j.ejvs.2019.09.005>