

Journey of a leg swelling - Soft tissue sarcoma to pseudoaneurysm

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Clinical presentation

- A 68 year old male
- Progressively enlarging unilateral medial leg swelling over a period of weeks
- No systemic illness, no trauma
- Swelling was non-tender non-pulsatile, no skin breakdown
- Observations - stable. Baseline blood investigations were unremarkable
- Background: ischaemic heart disease with stenting, left ventricular impairment and non-disabling spinal stenosis
- Initial course: Orthopaedic team admission querying a sarcoma

Management

- Lower limb MRI (figure 1): suspicion of soft tissue sarcoma with internal haemorrhage
- A CT thorax-abdo-pelvis ruled out any metastatic disease
- Needle biopsy of the mass was planned
- Orthopaedic-sarcoma multidisciplinary team discussion-> concerns about high vascularity and need for a the CT angiogram of limb
- CT angiogram (figure 2): large right superficial artery pseudoaneurysm with a contained leak.
- Patient was becoming increasingly septic and blood cultures grew Staphylococcus Aureus
- Echocardiogram was negative for infective Endocarditis
- Extra-anatomical exclusion bypass with reversed great saphenous vein (GSV) and subtotal excision of infected pseudoaneurysm
- Discharged home making full recovery

Discussion

- There was no history of trauma, intravenous drug use, stent insertion was via radial access 2 years prior
- Mycotic pseudoaneurysm may rarely present without source of infection being located
- MDT involvement and management was key in preventing unnecessary needle biopsy
- Team approach offers gold standard care to our patients
- This is crucial to our evolving, increasingly subspecialised NHS where quality and safety are never compromised

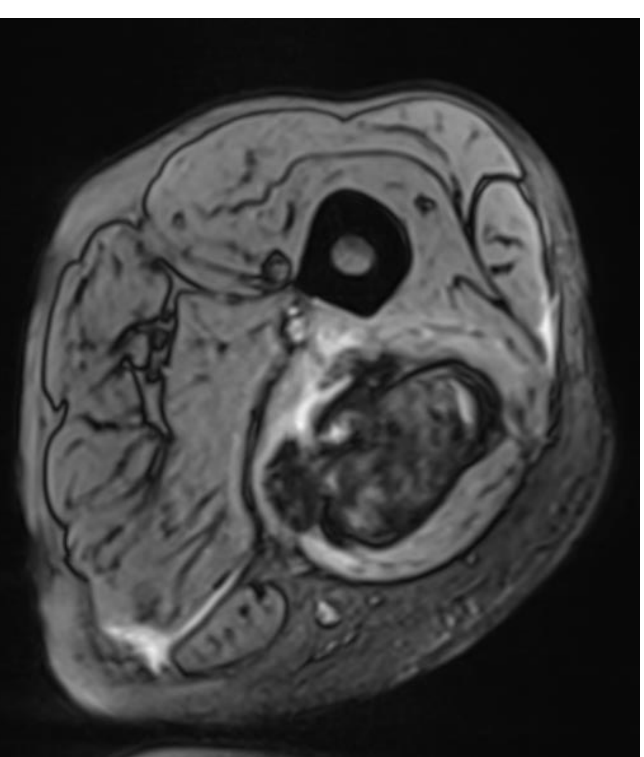


Figure 1 – MRI, Large haemorrhagic mass invading vastus medialis



Figure 2 – CT angiogram 3D reconstruction