

B O R D E A U X

PERSPECTIVES

Friday, June 17, 2022

My most didactic/ nightmarish cas and my most promising and innovative technique

ORGANIZATION

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PERSPECTIVES

Friday, June 17, 2022

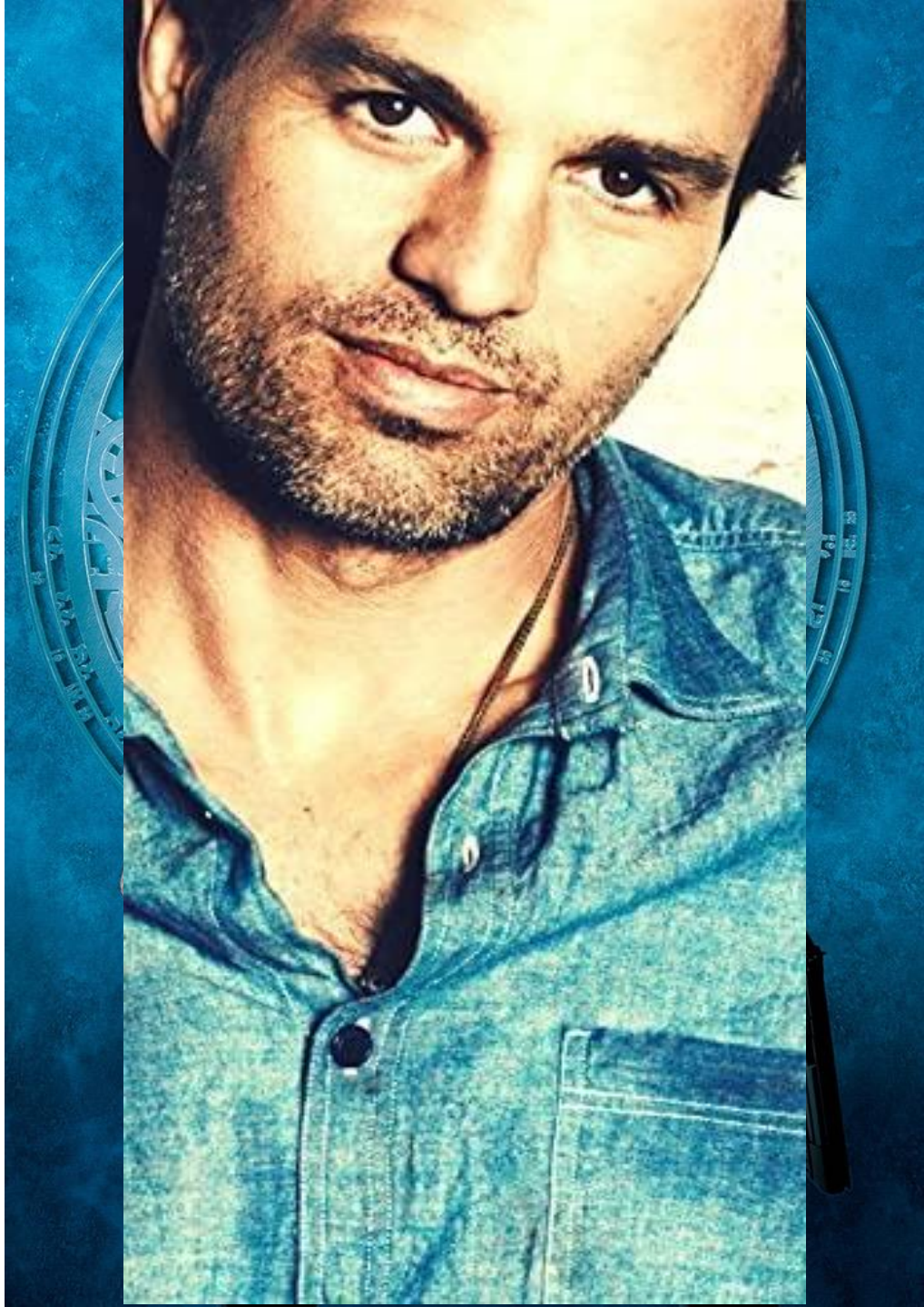
**Toujours se méfier des BG
... surtout en chirurgie vasculaire!**

**Laurence Destrieux
Bertrand Chavent – Denis Garnier – Jessica Morel**



Clinique Générale Annecy
VIVALTO SANTÉ





No disclosure



Male, 40 years old

- maternal antecedent: pulmonary embolism
- Rugby player until 2015
with some occasionally fractional tensions
- Bilateral meniscectomy

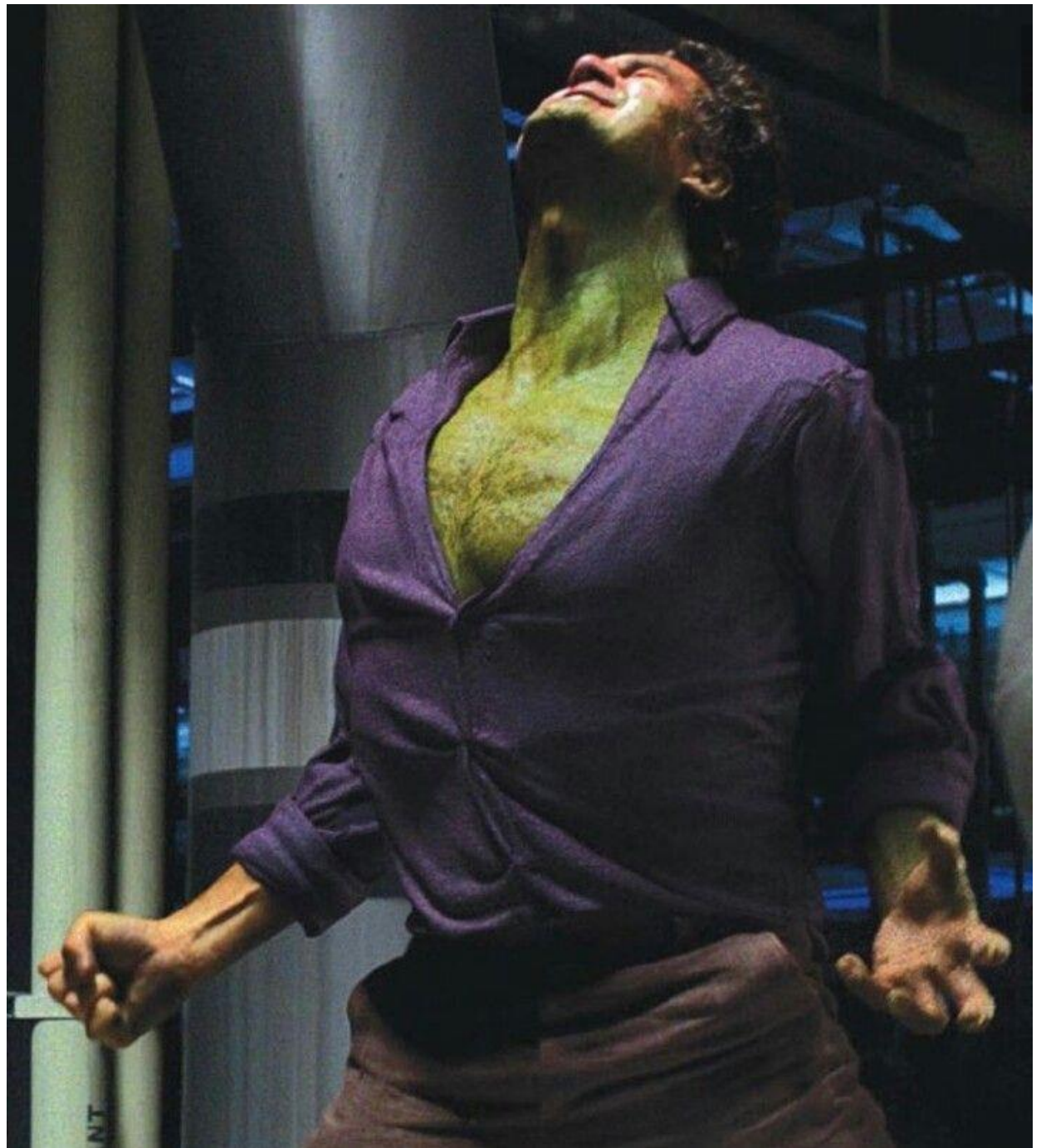
2020, May

- post-confinement stress claudication
- Normal Doppler ultrasound: venous? Arterial?

2020, July

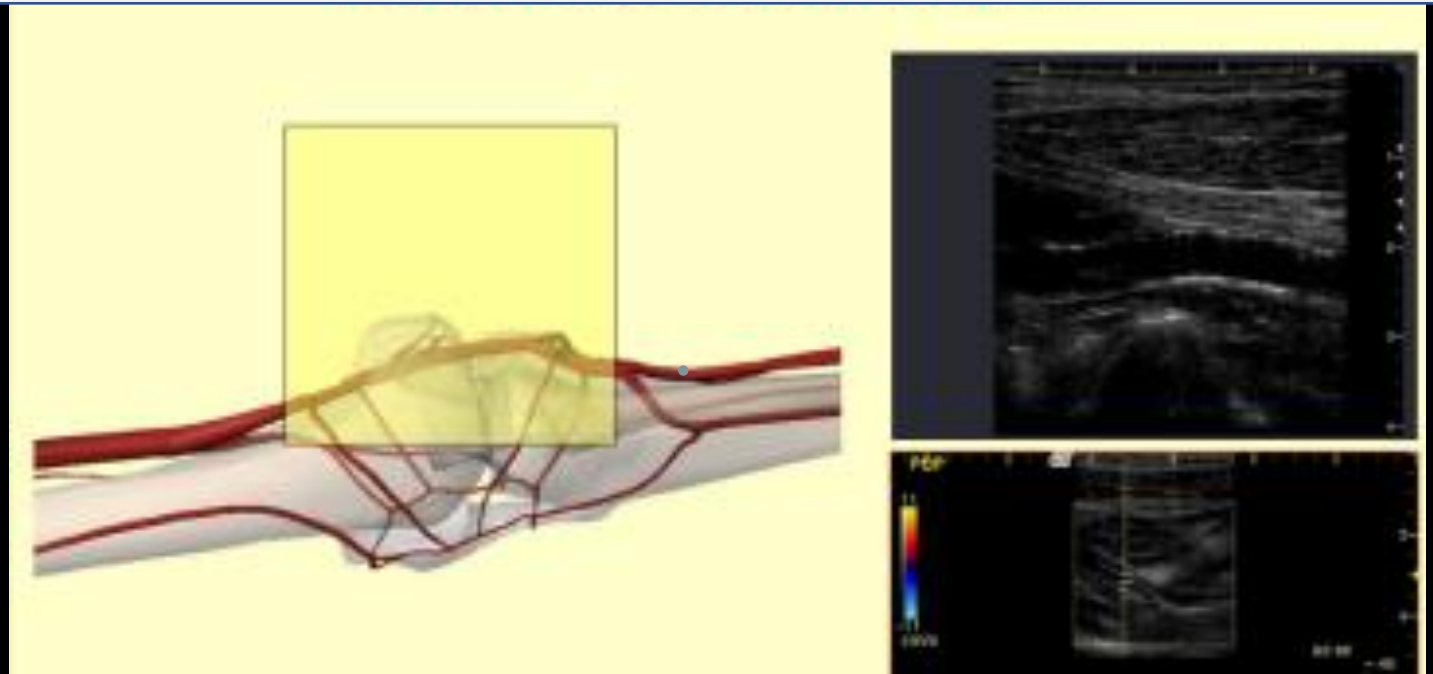
- limitation 300-400 m left > right
- **Venous doppler ultrasound**
 - **Right leg:** Venous thrombosis: PVS , GVS & gastrocnemius
 - **Left leg:** no thrombosis, large varicosis of GVS

Arixtra 6 weeks
+
Contention level 2

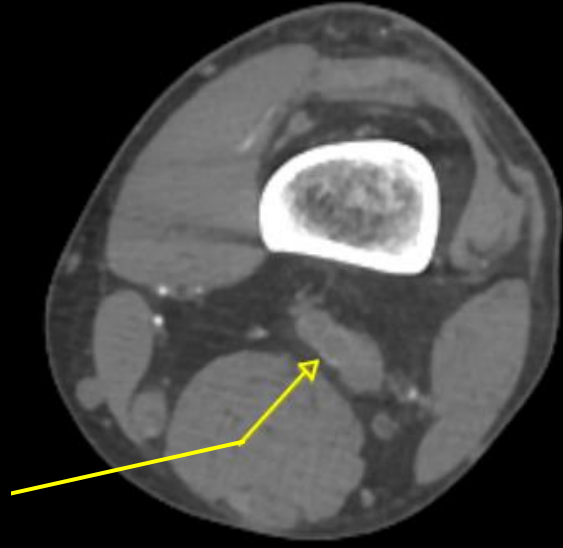


M3: September, 2020 : Aggravation of pain in the left lower limb

Erythrocyanosis, lack of pulse in popliteal and pedal area
Absence of sensory-motor deficit, absence of contralateral anomaly



Popliteal thrombosis



Etiological evaluation

NFS 15,6 g/L, Plaquettes 227 giga/L
Inflammation syndrom : ∅

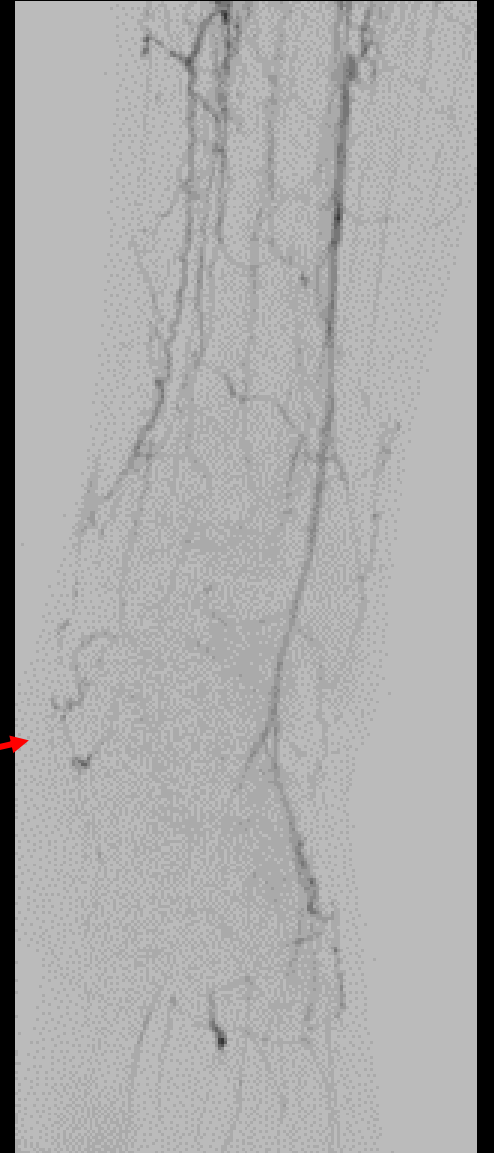
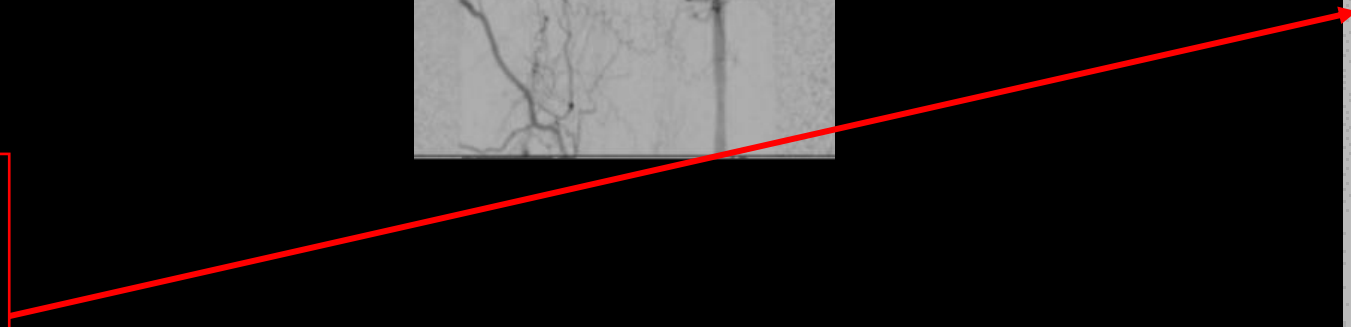
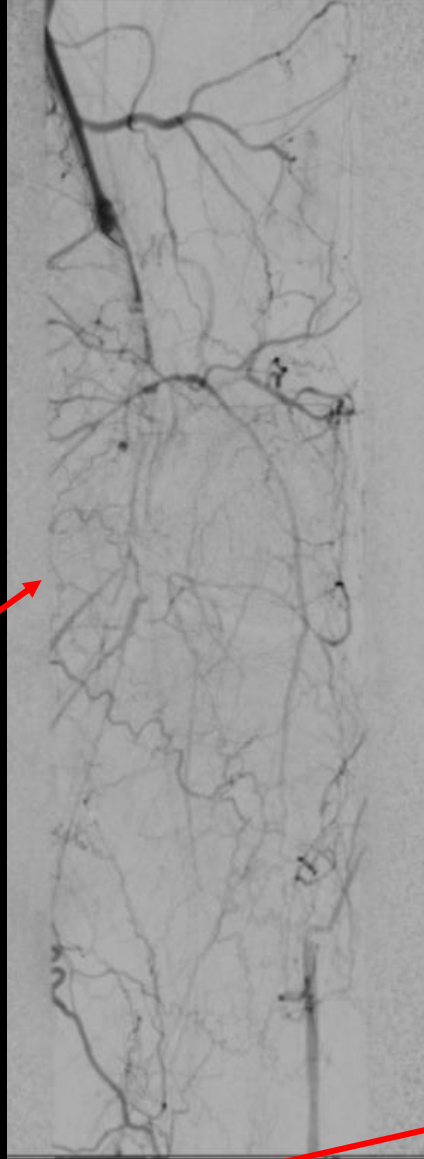
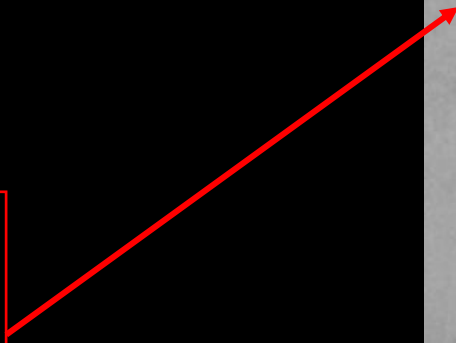
TP 100%, TCA 1,03
Protéine C, protéine S, Homocystéine
Facteur V Leiden negative
Ac SAPL negative
Ac circulant
Mutation Facteur 2
Ac anti-cardiolipines
Ac β2 GP1
Protein electrophoresis, Calcemia
LDL cholesterol 1,2 g/L

OK

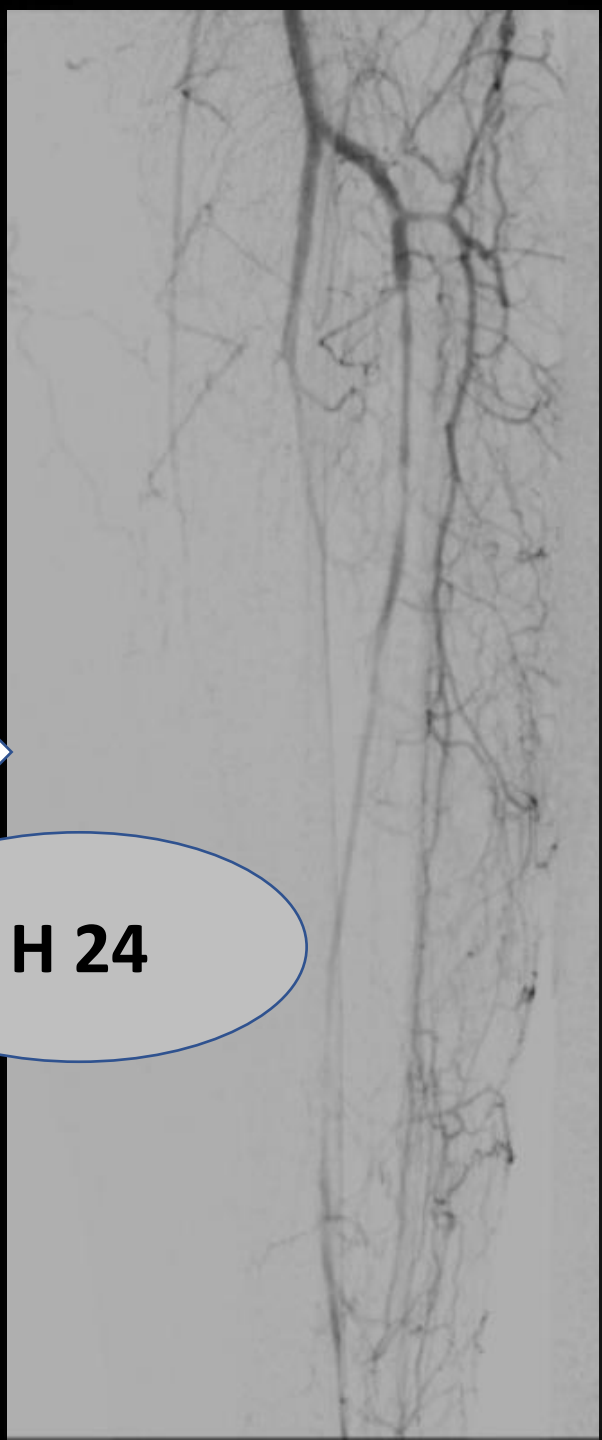
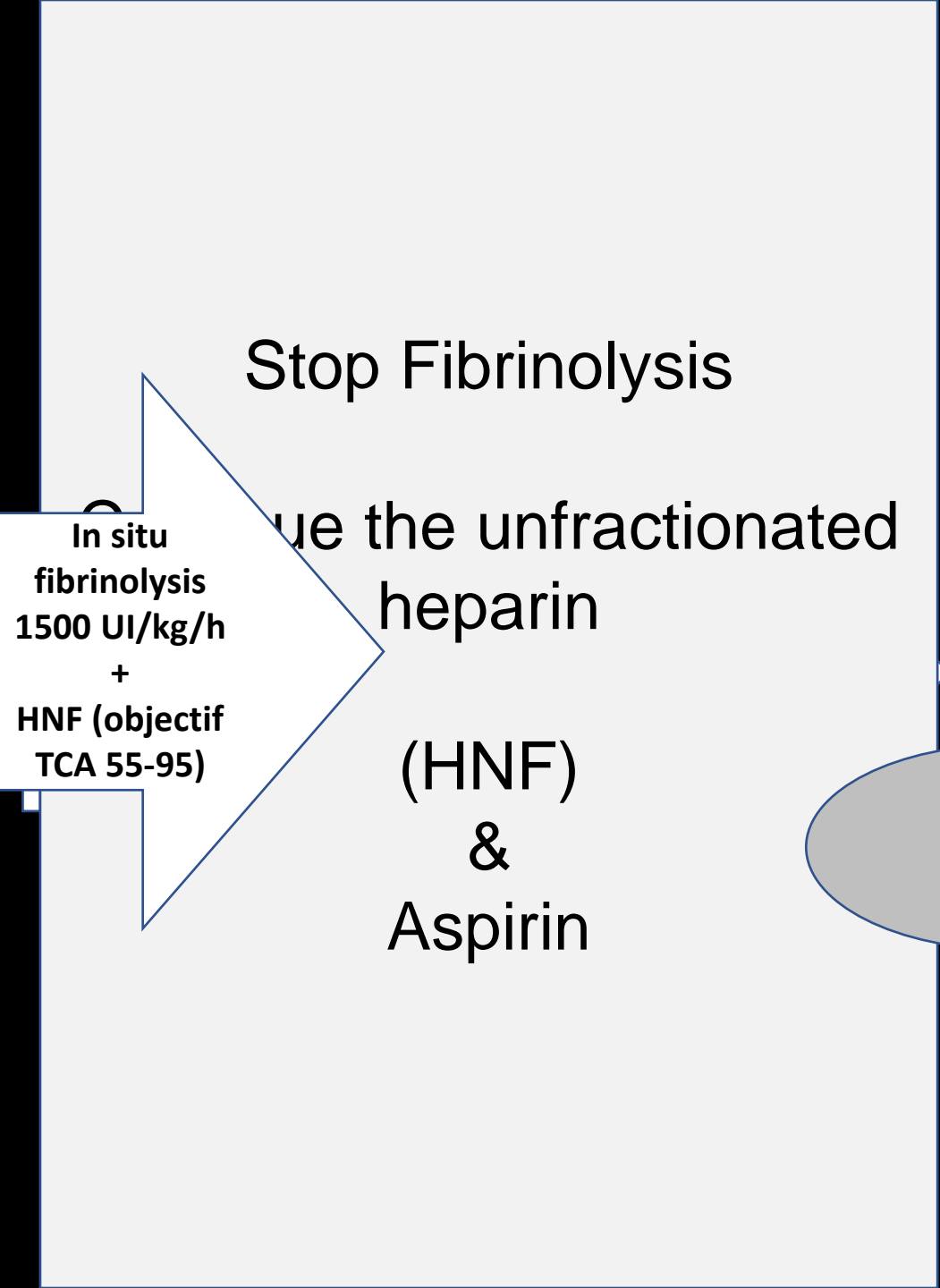
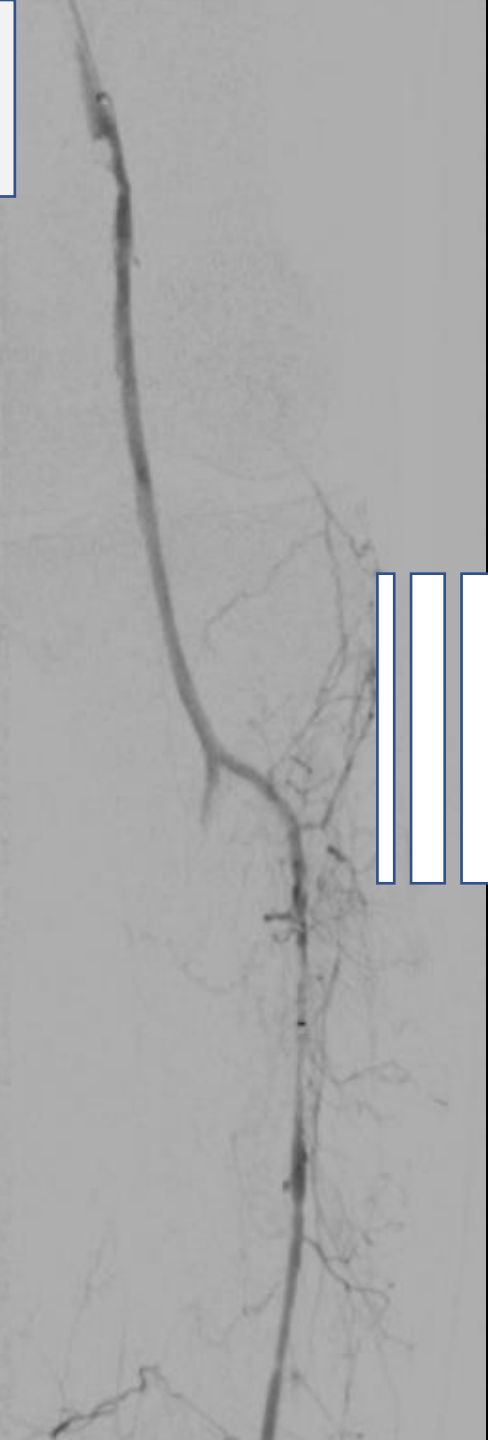
Cardiac ultrasound

covid test

September 10, 2020:
Selective arteriography
(cross over)



**Popliteal
recanalization**



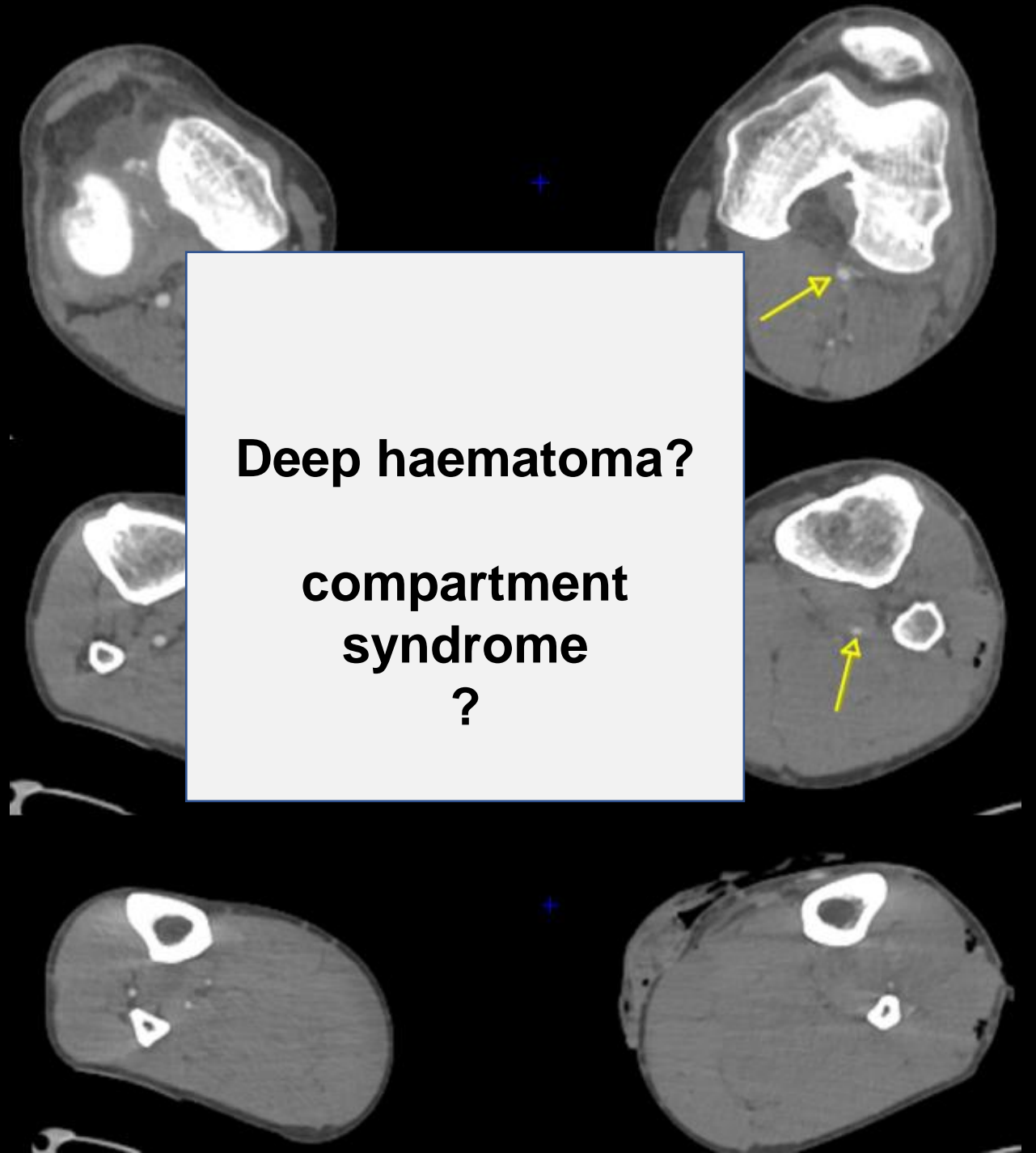
H 24

H48

Tension and pain in
the left calf and
paleness of the foot

Deep haematoma?

**compartment
syndrome
?**



Management of Compartment syndrom

H48

Continuous self-inflating device
HNF/ decoagulation
And infusion/ renal failure

H51

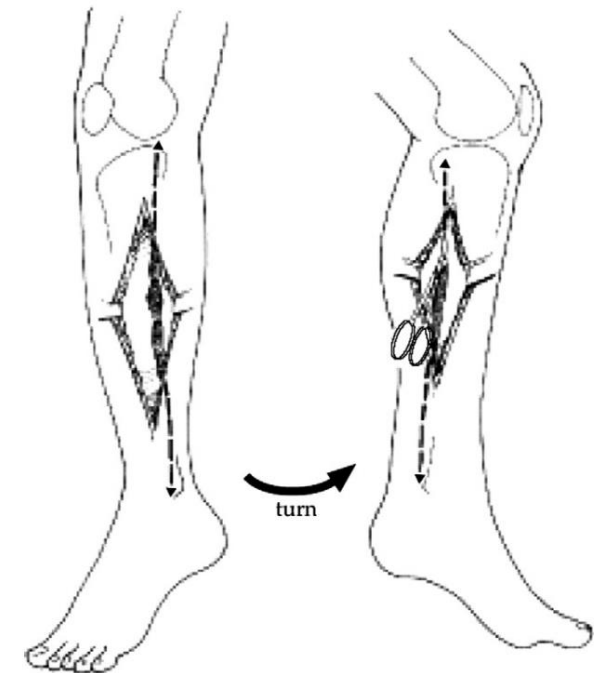
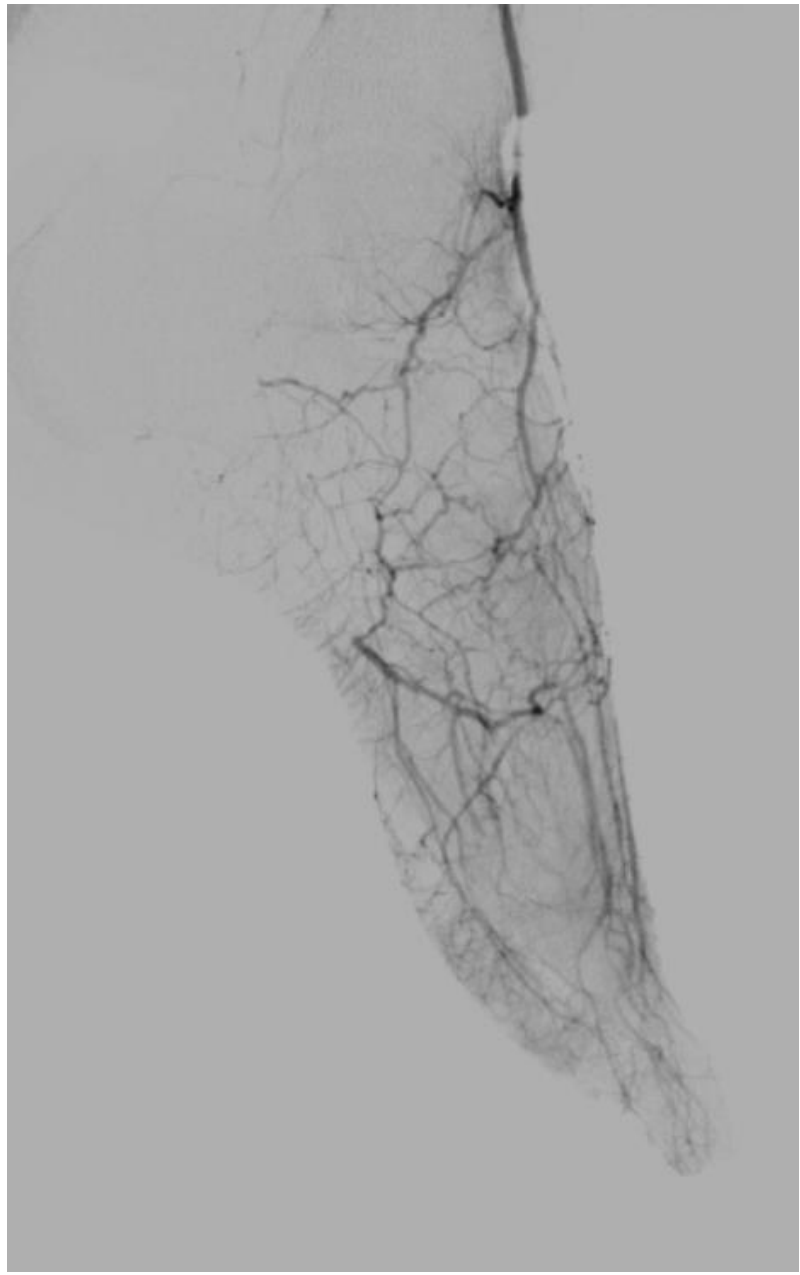
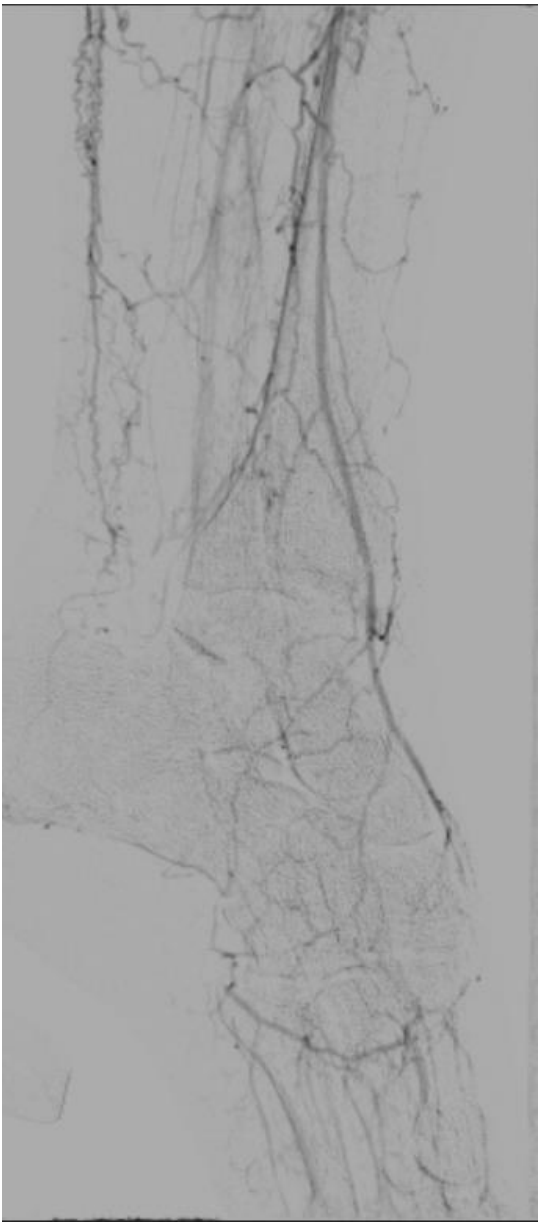
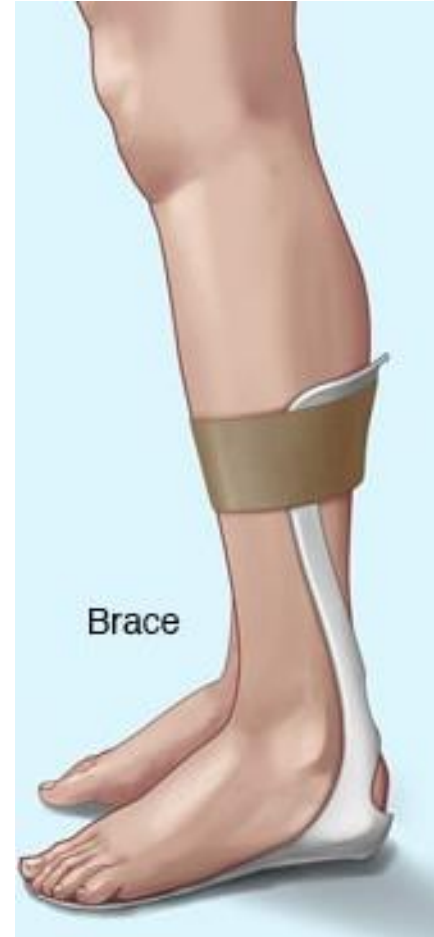


FIGURE 4. Fasciotomy incisions of the calf.









geraldkelly.com

Compartment syndrome

- 2 % post acute revascularization
- 0,45 % post elective revascularization



Why him?

Why us?

Compartment sd/ Risks factors

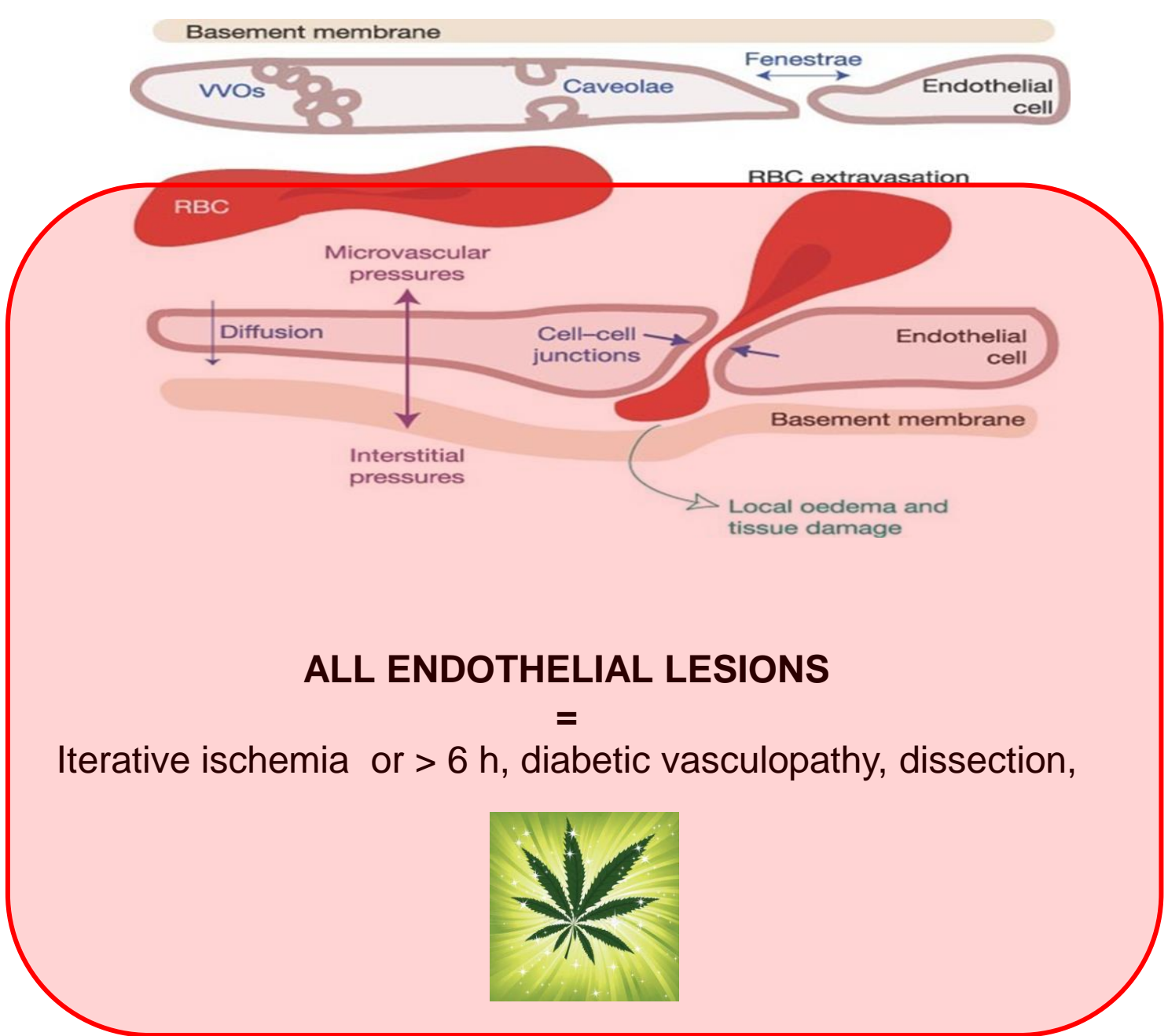
- Long sensitivomotor ischemia
 - aneurysm with distal embolization
 - Embolic or thrombotic etiology
-
- Popliteal and BTK location
 - The anterior tibial compartment (significantly less flexible than the others) => more sensitive to reperfusion syndrome

Post-operative signs



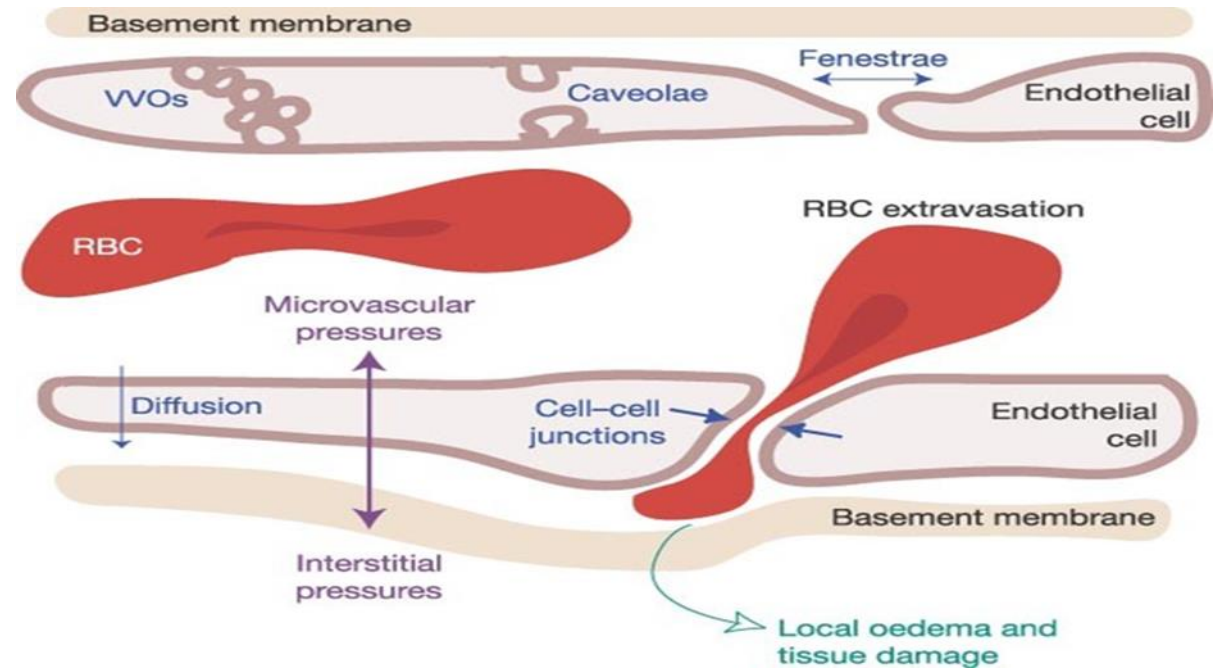
- Signs of ischemia during the early stages of thrombolysis “the storm before the calm”
- **2 hours to 3 days post thrombolysis**
- **Inexplained pain**
- **Pain on passive motion of above muscles**
- “Foot drop”**

Causes of Compartment Syndrome in the Leg*	
Type of Compartment Syndrome	Causes
Decreased compartmental volume	Closure of fascial defects Application of excessive traction to fractured limbs
Increased compartmental content	Bleeding Major vascular injury Coagulation defect Increased capillary filtration Increased capillary permeability Reperfusion after ischemia Arterial bypass grafting Embolectomy



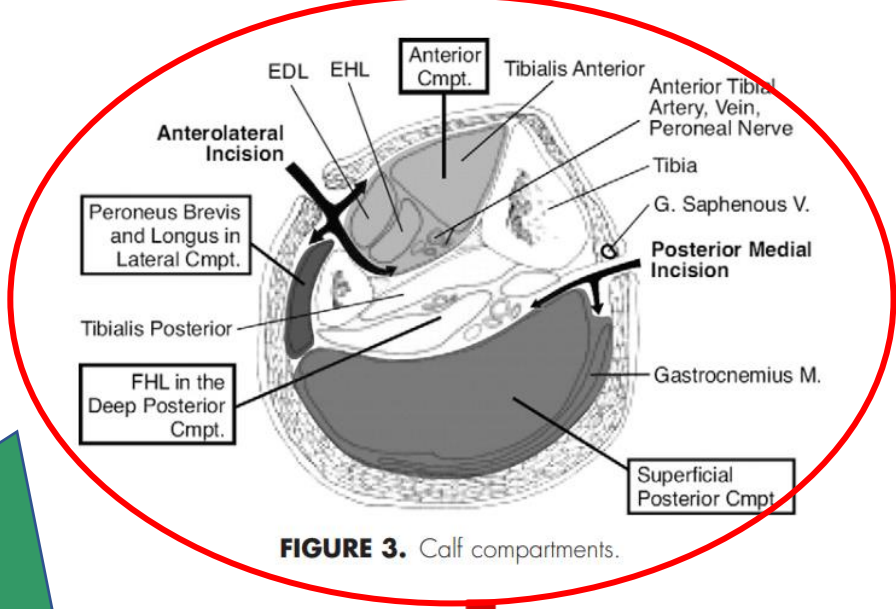
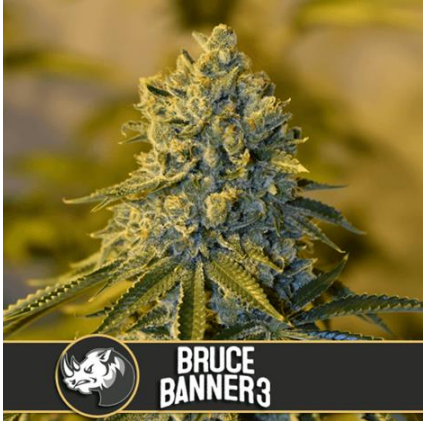
* Data from Matsen & Reuss

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Externally applied pressure	Tight casts, dressings Lying on limb

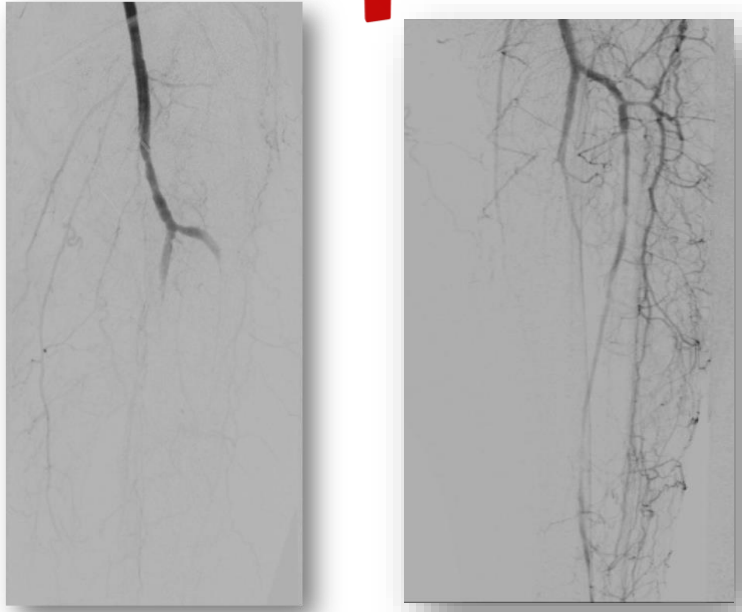


* Data from Matsen & Reuss

Conclusions



Anti oedematous treatment



Thrombolysis + Anticoagulation?

Compartment syndrome following thrombolysis: clinical features and associated conditions. Freyer M; Vachalova I; Zirngibl B; Heckmann JG. *Journal of Thrombosis and Thrombolysis* 2014, 38(2), 201–207. doi:10.1007/s11239-013-1025-6



SURTOUT LE WEEK END A L HEURE DE LA SIESTE.....