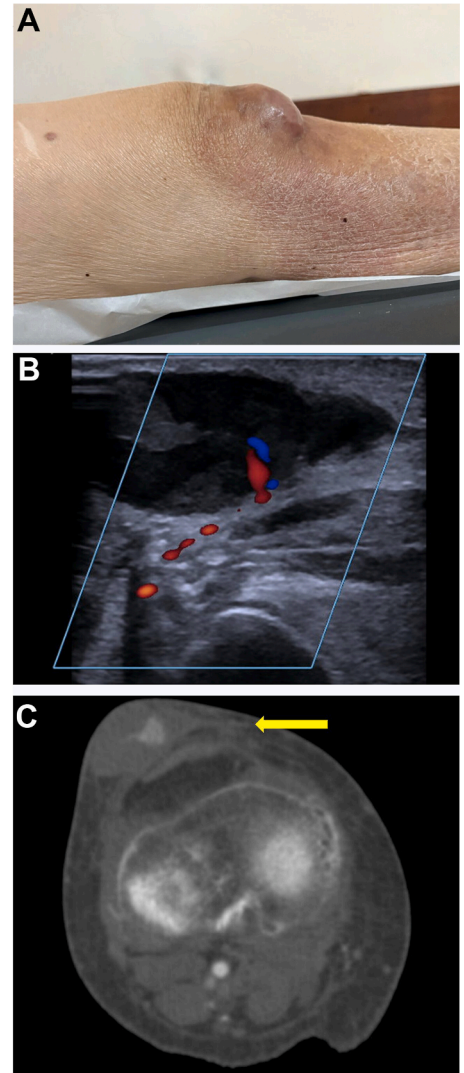


Traumatic genicular artery false aneurysm

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An 84-year-old woman presented to the emergency department with a progressively enlarging pulsating and painful mass on the anterior surface of the right knee (A) after sustaining a same-level fall 1 month prior. She had a previous known history of hypertension and chronic kidney disease under hemodialysis and was not on antithrombotic medication such as antiplatelet agents or anticoagulants. A Doppler ultrasound examination (B) revealed a multiloculated 29-mm false aneurysm with characteristic to-and-fro flow pattern. A computed tomography angiogram (C/Cover) was performed and confirmed the origin of the aneurysm as the right medial superior genicular artery (yellow arrow). Ultrasound-guided compression was performed without complete thrombosis of the false aneurysm, followed by a successful ultrasound-guided thrombin injection with thorough thrombosis. No immediate or late complications occurred. One month after the procedure, there was a significant decrease in mass diameter and the patient reported improvement in pain. At month 7 of follow-up, the patient was asymptomatic. Patient consent for publication was obtained before submitting this report.

Genicular artery false aneurysms have previously been reported, most commonly as complications of Orthopedic surgeries such as knee arthroplasty or arthroscopy.¹ In this case, we present a false aneurysm with a traumatic etiology due to a same-level fall, without prior surgery. The incidence rates of both iatrogenic and traumatic etiologies are unknown, but iatrogenic false aneurysms are likely more common.² Treatment options include surgical excision of the aneurysm, endovascular coiling, or percutaneous thrombin injection. Percutaneous thrombin injection was chosen in this case due to its less invasive nature and lower interventional risks in this elderly patient. Complications of this procedure include native artery thrombosis or embolization, infection or skin bruising. However, these complications are rare, creating a safe noninvasive bedside option for higher surgical risk patients.³



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