Dementor Of The Distal Ulnar: Pseudoaneurysm Of The Anterior Interosseous Artery

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INTRODUCTION:

This is a case of pseudoaneurysm of the anterior interosseous artery, which produced destruction of the distal ulnar bone.

Pseudoaneurysms of the forearm are uncommon, with few reports in literature [1–2]. Because pseudoaneurysms are mass-like, they may be erroneously diagnosed as soft-tissue tumors on the basis of both clinical and imaging findings.

CASE REPORT:

A 13 years old boy presented to us with swelling over the right forearm for the past 1 month with no history of trauma to the affected limb. Clinically, neurovascular status of the affected limb was not affected at all. Blood investigations were unremarkable except for the raised level of ALP. X-ray of the right radius/ulnar shows destruction of the distal 3rd ulnar with remaining medial cortex. Further MRI done for him reported as aggressive bone tumour in right forearm suggestive of telangiectasic osteosarcoma arising from ulnar. Biopsy was done twice but did not yield confirmatory result histopathologically. MRI was again reviewed among musculoskeletal radiologist, that eventually suggest for CT angiogram due to suspicion of a pseudoaneurysm. CT angiogram reported as pseudoaneurysm of the anterior interosseous artery with multiloculated collection. Patient subsequently underwent excision of the anterior interosseous aneurysm successfully.



Figure 1: Initial X-ray on presentation shows destruction of distal 3rd ulnar bone

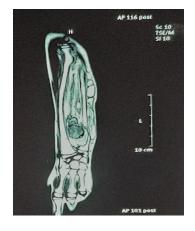


Figure 2. MRI of right forearm; tumour with cystic,solid and hemorrhage component involving superficial and deep volar and dorsal compartments

DISCUSSIONS:

In the early stages of a pseudo-aneurysm, the symptoms are not clear enough to be identified. In this case, it was very troublesome to identify the pseudoaneurysm because there was neither a history of injury nor arterial intervention. In comparison with arterial aneurysms, an aneurysm in the upper limb is usually rare [3] No reports of the anterior interosseos artery pseudo aneurysm found, thus the symptoms and its prognosis are not well known. There are many articles on artery pseudo aneurysm and its treatment, but according to our research, there are few articles on bone destruction caused by arterial aneurysms. [4,5,6]

CONCLUSIONS:

Patient was managed by simple excision of the pseudoaneurysm that managed to prevent further ulnar bone destruction or even fracture. Repeated X-ray on follow up shows new callus formation filling up the scalloped area of distal ulnar bone.

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