

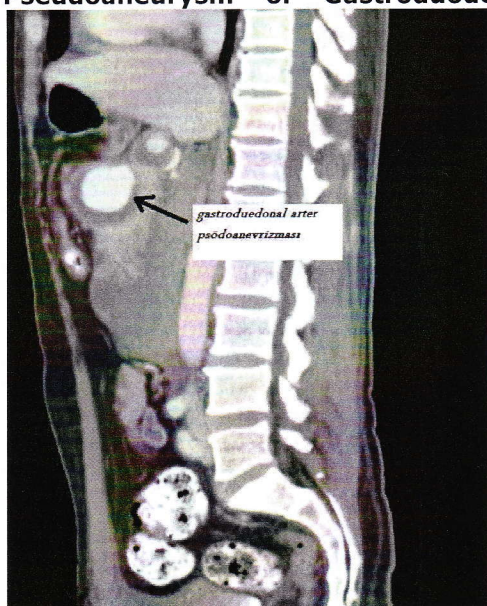
are aneurysms, arterial thrombosis, systemic and pulmonary arterial angitis. Visceral aneurysms are seen rarely.

METHODS: A pseudoaneurysm was diagnosed in a 35 years old male patient who was being treated by our hospitals dermatology clinic for Behcet's disease, in examination of his relapsing stomachache. A endovascular intervention was planned before the patient came to our hospitals emergency station with increased symptoms and decreased hematocrit. A thoraco abdominal computerised tomography showed a ruptured gastroduodenal artery pseudoaneurysm. After a unsuccessful endovascular approach we ligated the gastroduodenal artery with open surgery. After a uneventful postoperative care of 7 days the patient was discharged from hospital.

RESULTS: Arterial manifestations are seen less than venous manifestations in Behcet's Disease. Visceral arterial aneurysms are rarely seen but important vascular pathologies because of their risk of rupture. Rupture in pseudoaneurysms are more common than true aneurysms. Gastroduodenal aneurysms are rarely seen with an incidence of 1.5-2%. In Behcet's Disease the formation of true or pseudoaneurysms are reported, but visceral arterial aneurysms like gastroduodenal artery pseudoaneurysm are seen very rarely. These patients can refer to hospital with stomachache, intra or retroperitoneal hemorrhage. The incidence of rupture is reported as 57%. In most cases visceral arterial aneurysms are diagnosed in autopsy performed after a massive hemorrhage and death.

CONCLUSIONS: As a result, visceral true or pseudoaneurysms must be kept in mind in patients with Behcet's Disease who have stomachache and the treatment as an endovascular approach in first step, must be planned immediately.

Pseudoaneurysm of Gastroduodenal Artery



PP-392 BLEEDING CONTROL OF VERTEBRAL ARTERY TRANSECTION IN ITS SECOND PART DUE TO GUNSHOT INJURY

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OBJECTIVE: The vertebral arteries arise from the subclavian arteries, one on each side of the body, and then enter deep to the transverse process of the level of the 6th cervical vertebrae (C6). Or occasionally (in 7.5% of cases) at the level of C7. They then proceed superiorly, in the transverse foramen of each cervical vertebra until C1. This path is largely parallel to, but distinct from, the route of the carotid artery ascending through the neck. At the C1 level the vertebral arteries travel across the posterior arch of the atlas through the suboccipital triangle before entering the foramen magnum. Therefore the vertebral artery may be divided into four parts. The first part runs upward and backward between the Longus colli and the Scalenus anterior muscles, the second part runs upward through the foramina in the transverse processes of the C6 to C2 vertebrae, third part of the artery is covered by the Semispinalis capitis and is contained in the suboccipital triangle, a triangular space bounded by the Rectus capitis posterior major, the Obliquus superior, and the Obliquus inferior muscles, and the fourth part pierces the dura mater and inclines medialward to the front of the medulla oblongata. Because of the sheltered course of vertebral artery, its injuries only emerge as a result of gunshots. The spread of tissue damage is regarding to the mass of the bullet and its kinetic energy. In this article we present bleeding control method of vertebral artery transection in the second part of its course.

METHODS: 34 year-old male patient due to gunshot injury of the left vertebral artery were delivered to our clinic. We could not control bleeding in the first attempt; however we decided to find the proximal end of the vertebral artery in the departure point from subclavian artery. Subsequently the patient was turned on right lateral decubitus position to be dissected the suboccipital triangle (third part of vertebral artery). Afterwards vertebral artery had been ligated before it entered the cranial cavity.

RESULTS: As a result, the bleeding of vertebral artery transection in the second part can be controlled by ligating proximal end just close to departure point and distal end just before entering the cranial cavity.

CONCLUSIONS: It should be kept in mind that patient had to be placed in lateral decubitus position to be reached to the first and third part of vertebral artery to control its bleeding.