

and the proximal part of left SFA. Atherectomy was performed with SilverHawk Plaque Excision System (Ev3 Inc. Nathan Lane North Plymouth, MN) on the right SFA. After this procedure two monorail self expandible stents (7 mmx10 cm) were implanted on the SFA artery respectively. Then two monorail self expandible stent (7 mmx10 cm) was implanted on the SFA artery respectively.

RESULTS: Distal pulses were palpable in the intensive care unit controls. The patient was discharged in the 5th postoperative day with palpable distal pedal pulses, with resting ABI 1.1 on the left and 1.0 on the right and completely healed diabetic ulcer. Walking distance have increased and also the stents in the bilateral SFA arteries were patent in the color Doppler ultrasonography in first and third month control examinations.

CONCLUSIONS: Endovascular interventions should be thought as a treatment alternative for critical limb ischemia with the advantages of decreasing the primary major amputation rates and increasing the extremity rescue rates and survival rate, due to the fact that they decrease the hospital staying time. In the total occluded lesions, atherectomy is reliable method which have acceptable primary and secondary partency rates and it is minimal invasive method to be used in critical limb ischemia.

PP-382 DEVELOPMENT OF COMPARTMENT SYNDROME AFTER GUNSHOT INJURY DUE TO RADIAL ARTERY TRANSECTION

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OBJECTIVE: The ulnar and the radial arteries are the two main blood vessels of the forearm. Brachial artery continues down the ventral surface of the arm until it reaches the cubital fossa at the elbow. It then divides into the radial and ulnar arteries which run down the forearm. In this article we present development of compartment syndrome after gunshot injury due to radial artery transection although ulnar arterial flow is maintained.

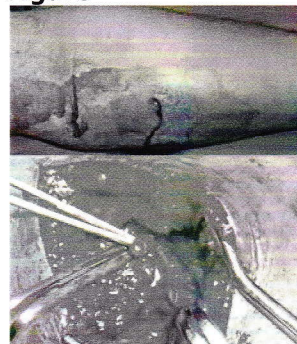
METHODS: 45 year-old male patient due to gunshot injury of the left radial artery, 7 cm distal to the brachial artery bifurcation were delivered to our clinic. The ulnar and the radial artery pulses could not be felt and the saturation rates of right hand fingers were smaller than the %70. However the ulnar artery is intact and the arterial flow was determined preserved in Doppler examination in which there was monophasic arterial flow. There was a bullet entrance in ventral face of forearm. The patient was taken to the operation to explore arterial structures. The skin incision was made parallel to radial artery course. Before reaching the neurovascular sheet, excessive hematoma, extending

from entrance point of bullet to the brachial artery bifurcation and also from entrance point to the distally, was determined beneath the flexor carpi radialis muscles. The hematoma was drained. The pulse of the ulnar artery was restored. After that the proximal and distal site of radial artery was dissected. Then vascular clamp were applied and the both ends of radial artery were fixed and radial artery was sutured in an end to end fashion.

RESULTS: Subsequently, the pulse of radial artery was restored and able to be felt manually within a few minutes. The fasciotomy was performed and the skin incision was closed with usual manner. The saturation rates of right hand fingers were restored.

CONCLUSIONS: As a result, excessive hematoma causes pressure increase which blocks the arterial flow even if the arterial structure is intact in compartment. In such cases, fasciotomy must be performed and hematoma must be drained regardless of the arterial flow is.

Figure



PP-383 REDUCING TENSION IN ANASTOMOSIS SITE WITH A SIMPLE SUSPENSION SUTURE IN BRACHIAL ARTERY IN WHICH SAPHEIN VEIN INTERPOSITION WAS PERFORMED

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OBJECTIVE: The brachial artery is the major blood vessel of the arm. It is the continuation of the axillary artery beyond the lower margin of teres major muscle. It continues down the ventral surface of the arm until it reaches the cubital fossa at the elbow. It then divides into the radial and ulnar arteries which run down the forearm. In some individuals, the bifurcation occurs much earlier and the ulnar and radial arteries extend through the arm. In this article we present Reducing tension in anastomosis site with a simple suspension suture in brachial artery in which saphein vein interposition was performed.

METHODS: 35 year-old male patient due to gunshot injury of the left brachial artery just distal to the axillary artery were delivered to our clinic. The ulnar