

Radial Artery Aneurysms: Two Case Reports with Different Aetiologies

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Abstract

An artery is aneurysmal if, its focal diameter is more than 1.5 times of the standard size. True aneurysm is defined as the dilatation at the weakened wall containing all the layers of the arterial wall, and it develop as a result of the weakening of the arterial wall. True Radial artery aneurysms are mostly idiopathic, and rarely encountered. This aneurysm type is usually asymptomatic, so it can easily be misdiagnosed as ganglion or lipoma, leading to incorrect management [1].

Another type of Radial artery aneurysm is false or pseudo-aneurysm. This is now more common due to increased interventions via this route, and generally developed secondarily due to rent through the artery's wall with persistent flow or inadequate compression of the artery. It is contained by the false layer of nearby tissue layers and haematoma [2].

In the Radial artery both types of aneurysms may present as asymptomatic or expanding, pulsatile swellings. These aneurysms carry the risk of distal thromboembolisation, leading to distal ischemic changes, and may present as painful swelling or cold hand with thumb and fingers ischemia. Management modality is dependent on clinical history, aetiology, size, wall defect, and amount of hematoma. Usually, this can be dealt safely if timely diagnosis and intervention occur.

Hereby, I am presenting two successfully managed Radial artery aneurysm cases at our institute with further literature review.

Proactive Disclosure:

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