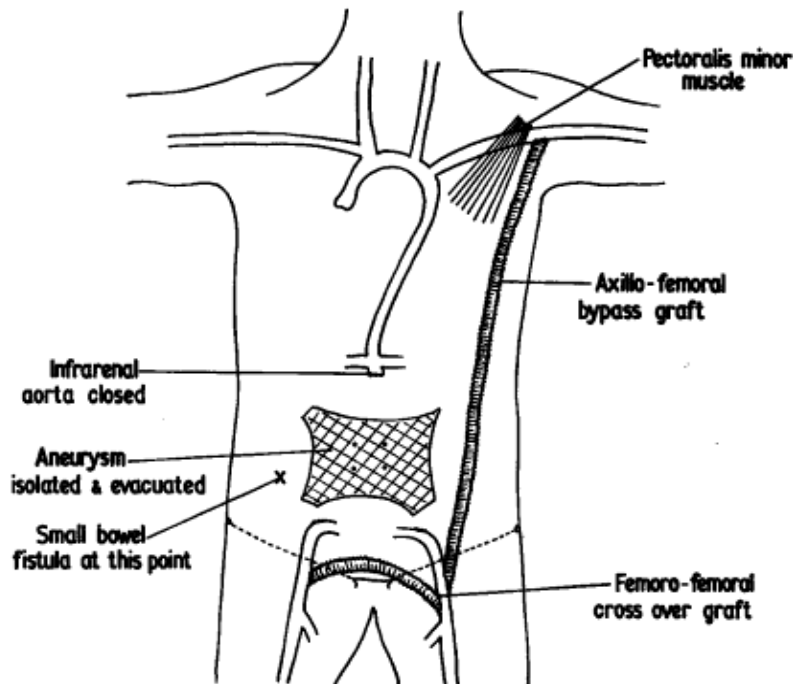


# Axillary Pull Out Syndrome-Rare Complication In Axillo Femoral Bypass Case

## BACKGROUND

Axillo femoral bypass

AXILLO-FEMORAL AND AXILLO-PROFUNDA BYPASS GRAFTS



## MATERIAL AND METHODS

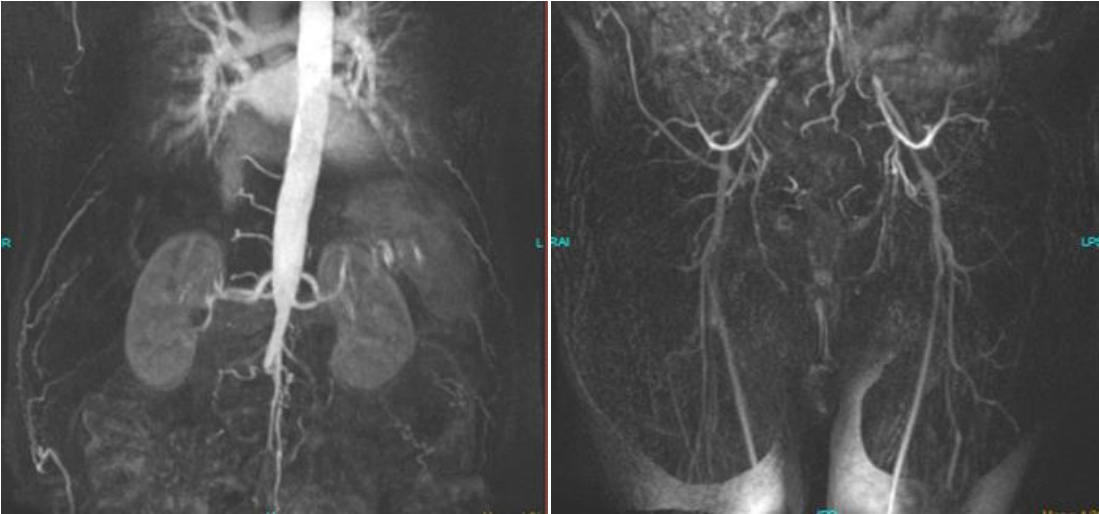
A 62 year-old male patient

- In our case, leriche syndrome (+)
- Peripheral artery disease (+)
- History of previous abdominal surgery for hernia (+)

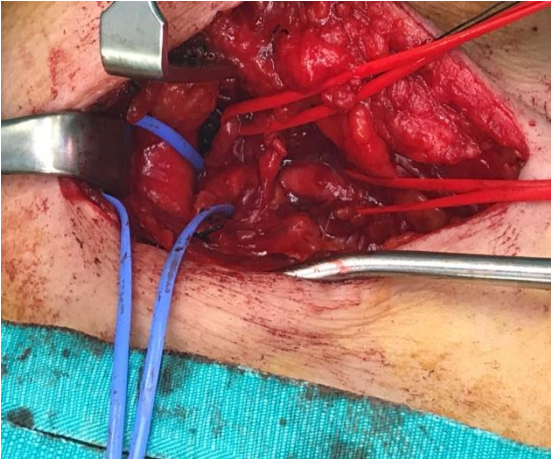
## Complaints

- Coldness in the lower extremities;
- Sometimes rest pain;
- Claudication at a walking distance of 50-60 meters;

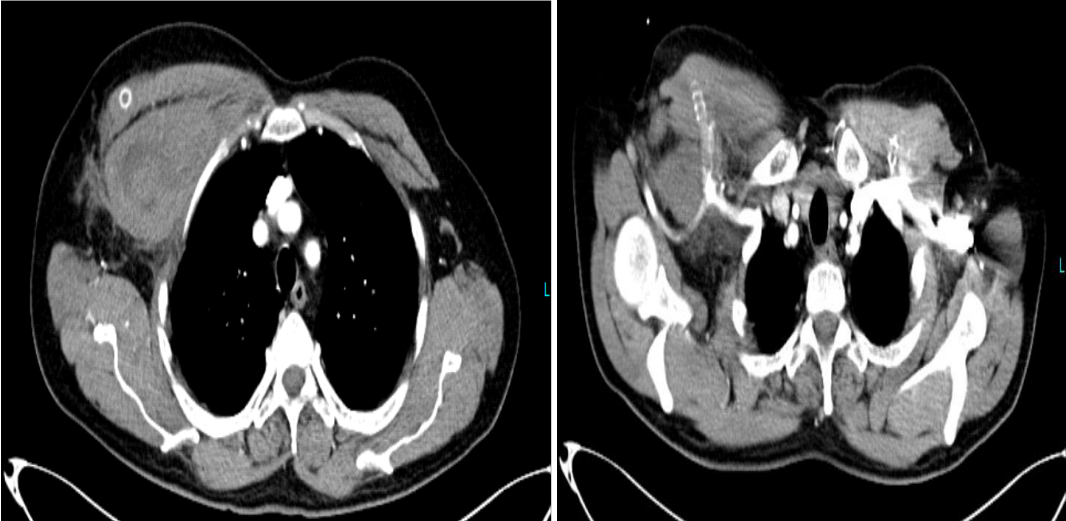
**Radiological imaging**



**Surgical strategy**



**Complication-Axillary pull out syndrome**



## CONCLUSIONS

- ▶ Proximal anastomosis complications of axillofemoral bypass include infections, thrombosis, brachial plexus injury, pseudoaneurysms, and suture line localization and failure in 10% of cases(2).
- ▶ Laterally located anastomoses have a high risk of rupture. Our anastomosis line was also located slightly laterally
- ▶ *Axillary pullout complications, anastomotic stress and rupture can be prevented by making the proximal part of this anastomosis as much as possible medial to the pectoralis minor muscle and setting the graft length a little longer (3).*

<sup>2</sup>Bliss BP, Barrett GS. Axillo-femoral and axillo-profunda bypass grafts. Their use for limb salvage in the bad-risk patient with occlusion or infection of the abdominal aorta and iliac arteries. Ann R Coll Surg Engl. 1972 Apr

<sup>3</sup>White GH, Donayre CE, Williams RA, White RA, Stabile BE, Wilson SE. Exertional disruption of axillofemoral graft anastomosis. 'The axillary pullout syndrome'. Arch Surg. 1990 May