Clinical features

Clinical features

The majority of arterial aneurysms are asymptomatic at the time of identification and are often identified during routine health checks or investigations for other pathologies. Aneurysms measuring twice the size of the corresponding normal vessel are at increased risk of becoming symptomatic. The symptoms relate to the vessel a ff ected and the tissues it supplies and occur as a result of compression of surrounding structures, thrombosis, rupture or the release of emboli. Many aneurysms of clinical significance can be palpated and, typically , an expansile pulsation is felt. Transmitted pulsation through a mass lesion, cyst or abscess lying adjacent to a large artery may be mistaken for aneurysmal pulsation. Before incising a swelling believed to be an abscess it is essential to make sure that it does not pulsate. Finally , a tortuous (and often

(e) (f) Figure 61.37 (a) Schematic representation of operative markings for a long posterior /f_l ap below-knee amputation. (b) Lateral view of opera

tive markings. (c) Anterior view of operative markings. (d) Lateral view following removal of the leg. (e) Anterior view following removal of the leg. (f) Wound closure with a suction drain and local anaesthetic infusion ‘stump’ catheter.

Summary box 61.4 Classification of aneurysms /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF ectatic) artery , usually the innominate or carotid, may seem like an aneurysm to the inexperienced clinician.

Figure 61.38 In /f_l atable arti /f_i cial limb. Wall Aetiology True (three layers: intima, Atheromatous media, adventitia) Mycotic (bacterial rather than fungal) False (single layer of /f_i brous tissue) Collagen disease Traumatic Morphology Fusiform Saccular

---

Revision #1
Created 2025-12-31 15:23:04 UTC by Omar Ayman

Updated 2025-12-31 15:23:04 UTC by Omar Ayman