



[PICTURES IN CLINICAL MEDICINE]

Obturator Artery Pseudoaneurysm

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Picture.

An 80-year-old woman was admitted to our hospital due to acute exacerbation of interstitial pneumonia. A central venous catheter (CVC) was inserted via the right femoral vein by the Seldinger technique. On day 7 of hospitalization, painless swelling was observed at the puncture site on the right femur. Enhanced computed tomography revealed a pseudoaneurysm in a branch of the right obturator artery (Picture A), which originated from the right external iliac ar-

First Department of Medicine, Tokyo Women's Medical University School of Medicine, Japan Received: February 16, 2018; Accepted: September 18, 2018; Advance Publication by J-STAGE: January 10, 2019 Correspondence to Dr. Jun Tamaoki, jtamaoki@chi.twmu.ac.jp tery, located under the right femoral vein (Picture B). This pseudoaneurysm was successfully treated by transcatheter arterial embolization (Picture C). Obturator artery pseudoaneurysm is a rare complication of CVC because of its varied patterns of anomalies. Only 19% of obturator arteries originate from the external iliac artery, and therefore the risk of puncturing the obturator artery is very low (1). Furthermore, with the obturator artery branching into the pelvic cavity, detecting a pseudoaneurysm in a timely manner may thus be more difficult compared with other superficial arteries. However, if this entity does develop, the outcome can be life-threatening (2). It is difficult to avoid the potential complications associated with the blind landmark insertion technique. Thus, imaging-guided CVC placement is recommended, even if the pulsation of the femoral artery is palpable.

The authors state that they have no Conflict of Interest (COI).

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