

## BACKGROUND

- ✓ Kawasaki Disease (KD) is an unknown-cause, self-limited, **small/medium-sized vessels vasculitis**, affecting children younger than 4-5 years
- ✓ In addition to life-threatening coronary artery involvement, **dilatation or aneurysms may develop in any small/medium-sized vessels**
- ✓ Peripheral artery aneurysms are described in **less than 2% of cases**

## CASE REPORT

14 year-old ♀

- **Painful pulsatile left arm mass** and **occasional hand paraesthesia**
- Familiar history of KD (older sister). Unspecified exanthematic fever at 9 years-old

DUS:

- **Brachial artery duplication** (prevalence of 0.14-1.3%)
- **15 mm diameter, 42 mm extension fusiform aneurysm**, with abundant mural thrombus, addressing the brachial part of the superficial brachioulnoradial artery (fig. 1)

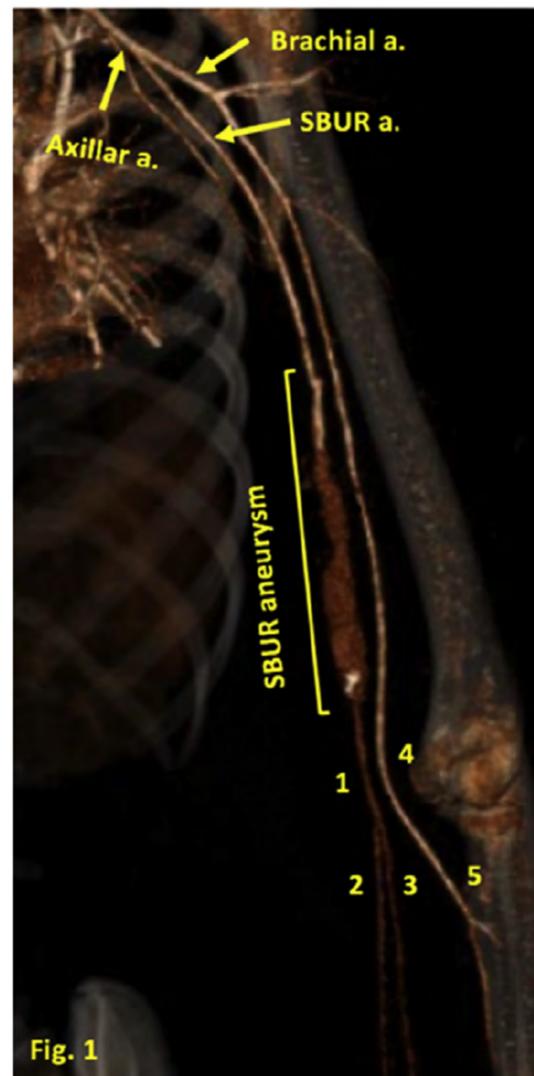
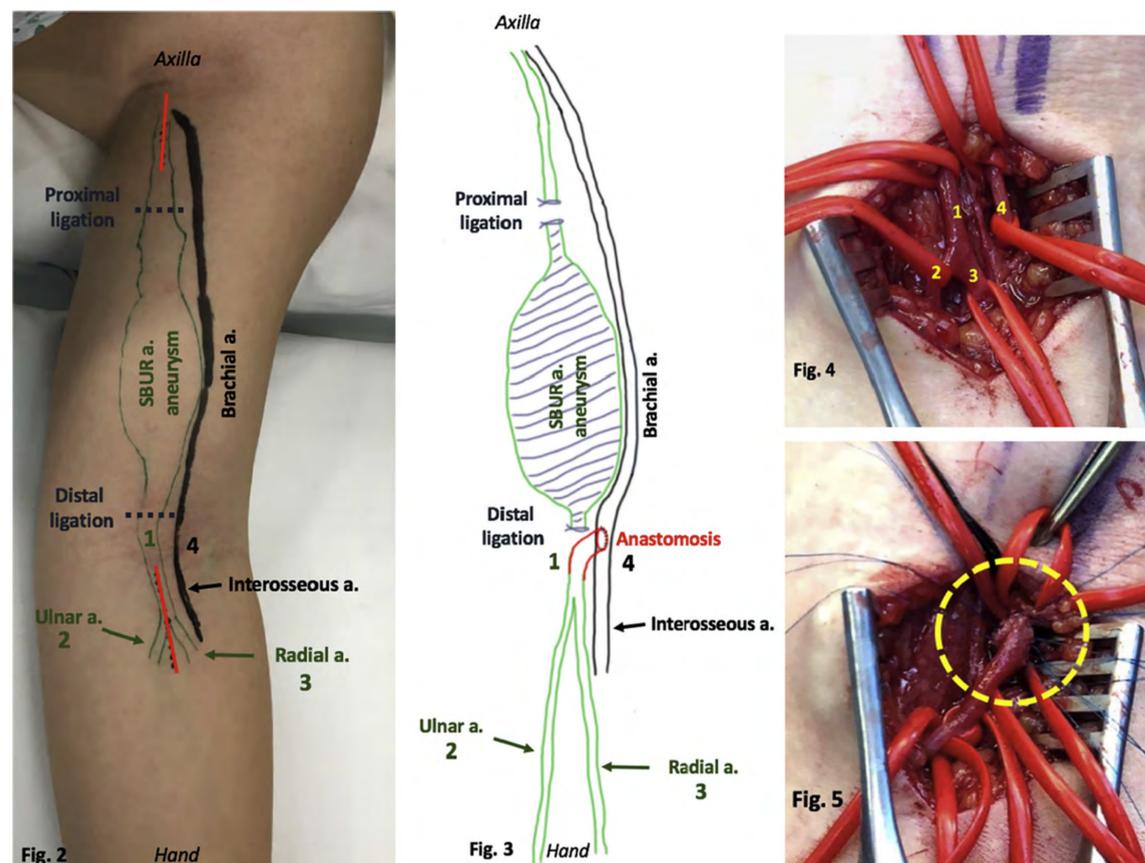


Fig. 1

**Fig.1 Left arm angioCT** (1) SBUR; (2) cubital artery; (3) radial artery; (4) brachial artery; (5) interosseous artery. SBUR = superficial brachioulnoradial artery

## PROCEDURE

**Aneurysm exclusion + distal SBUR to distal brachial artery transposition**



- Pre-operative DUS planning (**fig. 2**). Incisions marked with red lines
- Distal SBUR (1), cubital (2), radial (3) and distal brachial artery (4) isolation at the cubital fossa (**fig. 4**)
- Proximal SBUR artery isolation and **aneurysm ligation** (black lines, **fig. 1**)
- **Distal SBUR to distal brachial artery transposition**, latero-terminal anastomosis, separate stitches (**fig. 5**). Interosseous artery preservation

## FOLLOW-UP

- Post-operative course **uneventful**
- **Symmetrical radial and cubital pulses**

**Histopathology consistent with KD vasculitis**

**1.5y follow-up:**

- No symptoms
- Radial and cubital pulses with triphasic antegrade flow at DUS
- Complete aneurysm thrombosis and shrinkage (15 to 7 mm)

## CONCLUSION

- Coronary KD involvement is of paramount importance, but **peripheral aneurysms** should not be neglected, owing its **inherent morbidity**
- The coexistence of this **rare manifestation** with a **rarer brachial artery variation** allowed a simple although elegant solution, making this a **unique case**

## DISCLOSURES

**I have no actual or potential conflict of interest in relation to this presentation**