

A Radial artery aneurysm post trauma mimics as post operative abscess or hematoma.

1. INTRODUCTION

Radial artery (RA) aneurysms are **rare**, most often **iatrogenic**.

Post-traumatic RA aneurysms are even more uncommon.

Often misdiagnosed as **abscesses or hematomas** post-operatively.

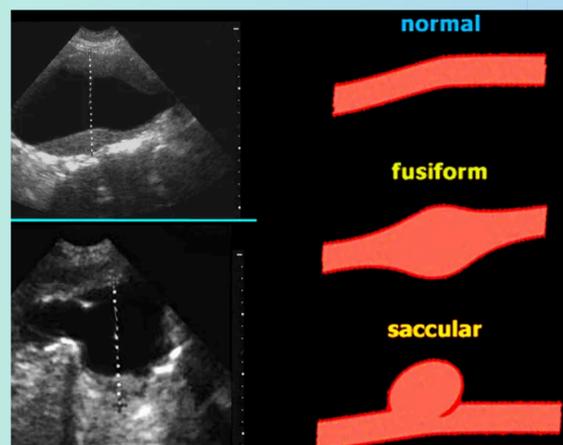
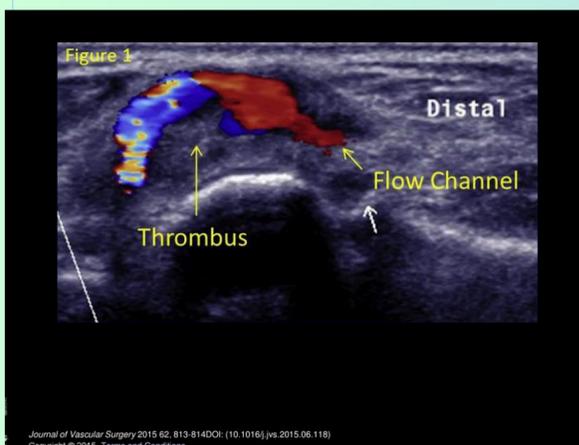
Early recognition is **key to prevent complications**.

2. CASE DESCRIPTION

- **Patient:** 28-year-old Indonesian male
- **Complaint:** 3-day history of painful left wrist swelling
- **History:** Wrist artery cut 30 days ago (repaired surgically)
- **Findings:**
- **Exam:** 5×5 cm pulsatile bluish-black swelling with necrosis
- **Neurology:** Numbness in median and radial nerve distribution
- **Saturations:** All fingers >95% RA
- **X-Ray:** No gas or bony erosion
- **Ultrasound:** 6×5 cm saccular RA aneurysm → impending rupture
- ➡ Referred to Vascular Surgery at Selayang Hospital

3. DISCUSSION

- Post-op painful swellings often imply **infection**, but:
- No fever or pus
- No raised inflammatory markers
- Patient was well until 3 days prior
- **Aneurysm = dilation >1.5× normal diameter** (RA normal: 2–3 mm)
- Traumatic RA aneurysms may appear **months or years post-injury**
- Symptoms: Pulsatile mass, pain, skin necrosis, nerve compression
- **Laplace's Law:** ↑ radius = ↑ wall tension → ↑ rupture risk



References

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4. CONCLUSION

- Rare diagnoses must be considered in atypical post-op cases
- Early diagnosis of RA aneurysm prevents:
- Rupture
- Thromboembolism
- Neurovascular compromise
- ✓ Emergency clinicians should maintain a broad differential in similar scenarios.