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Femoral Vein Injury and Transposition Techniques: A New Approach to Venous Reconstruction in the Setting of Trauma

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Abstract

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Femoral vein (FV) injury is infrequent but potentially serious. Venous repair is the procedure of choice and multiple technical options are performed. This article describes a novel venous reconstruction technique of transposition of the injured FV into the deep femoral vein (DFV) system. Two men, 26 years and 32 years old, were evaluated after suffering penetrating wounds to the inguinal region, resulting in proximal FV injuries. Both the patients were treated with a lateral venorrhaphy of the common FV and transposition of the FV to DFV (end-to-side anastomosis). Venous thrombectomy was not required; intravenous unfractionated heparin and local acting heparin were administered during surgery. Low molecular weight heparin therapy was routinely administered before intervention in combination with elastic compression stockings. Duplex ultrasound at 1 month and 6 months after the injury demonstrated patency and luminal integrity of the involved vein in both the patients. Clinical follow-up without duplex at 12 months and 18 months revealed no evidence of chronic venous insufficiency. In instances of penetrating injury to the proximal FV, transposition to the DFV represents a novel and effective alternative to establishing venous outflow from the extremity. This technique is relatively simple and presents good permeability in the medium term. However, possible and often tolerated ligation of penetrating FV injuries should be considered a last option.

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