

swelling had reduced in size. Patient was discharged on anticoagulants. Computed tomography scan at 1-month follow up showed patent stent. **Conclusion:** Duplicated IVC can be considered as one of those rare congenital causes that predisposes to VTE. Surgeons need to be aware of such anomalies of IVC and that they may influence decision-making in patients with an acute presentation of thromboembolic disease.

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Extracranial Carotid Artery Pseudoaneurysm in an Infant

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Background: Cervical masses in infants are frequent during routine clinical practice. They are usually congenital or of infectious origin. Vascular abnormalities, such as extra cranial carotid aneurysms, are very uncommon. We report the case of a 10-month-old boy with a giant ruptured pseudoaneurysm of the left internal carotid artery (ICA). **Case Report:** A 10-month-old child presented to us with rapidly developing left neck swelling for 15 days. Patient had undergone fine-needle aspiration cytology 3 weeks back. Patient had skin breach with oozing of fluid mixed with blood. Computed tomography scan revealed a giant pseudoaneurysm from left ICA with occluded distal ICA. **Results:** Patient underwent surgical repair of the pseudoaneurysm. Postoperative period was uneventful with no neurological deficits. **Conclusion:** Carotid artery pseudoaneurysm is an uncommon pathology particularly in the paediatric population. It is mostly due to trauma or iatrogenic. For the treatment, endovascular and surgical options could be considered, each possibility having its precise indications. When possible, surgical management by resection and end-to-end anastomosis would be preferred.

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Penetrating Aortic Ulcer Presenting as Hematemesis

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Background: Aorto-esophageal fistula (AEF) is a rare and life-threatening condition with fatal outcome if not identified and treated early. In more than half of the cases, aortic aneurysm rupture is the causative factor. There are only a few case reports of aortic ulcer presenting as hematemesis or hemoptysis in the literature. We are presenting a case of penetrating aortic ulcer with hematemesis. **Methods:** A 61-year-old male, smoker, hypertensive presented to the emergency with a history of syncope and hematemesis 4 days back. Physical examination showed blood pressure of 100/90 mmHg, heart rate of 110 bpm, and normal pulse in both legs. Patient was admitted in Intensive Care Unit and emergency computed tomography scan revealed descending thoracic aortic ulceration. **Results:** The patient underwent successful endovascular repair and was discharged after 8 days in a stable condition. **Conclusion:** AEF

is a rare and dreaded cause of upper gastrointestinal hemorrhage. Many patients present with herald bleeding before the final exsanguination, which is critical to recognize as it allows window period for diagnostic and therapeutic maneuvers. In the present endovascular era, penetrating aortic ulcers can be safely treated with minimal procedure-related morbidity and mortality.

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Is Covered Stent Graft Prone for Thrombosis: Case Report of Complication Faced on Follow-Up after Endovascular Management of Popliteal Artery Aneurysm

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Background: Popliteal artery aneurysms are the hallmark of peripheral aneurysms, accounting for 70%, and are commonly bilateral in 50%–75% of patients. The prevalence and incidence of popliteal artery aneurysms are not precisely known. The presence of a popliteal aneurysm is a marker of risk to limb and life because 33%–43% are associated with an abdominal aortic aneurysm. Ligation and bypass reconstruction has long been the “gold standard” for the treatment of popliteal aneurysms. Recently, endoluminal repair with a percutaneously delivered stent graft has become a valid alternative to open repair. We present a complication of covered stent thrombosis in 3rd-month follow-up for a patient treated for popliteal artery aneurysm. **Case Report:** We present 60-year male patient presented with left forefoot rest pain of sudden onset with fore foot discoloration for 2 days. On examination, patient was having thrash foot with all toes of the left leg discolored and ischemic. All distal lower limbs pulses were palpable except left dorsalis pedis artery. Computed tomography angiogram of the lower limbs revealed bilateral popliteal artery aneurysms, Left 4.2 cm × 6 cm and right 2.1 cm × 4 cm. Since left was symptomatic, decision was taken to intervene for the left popliteal aneurysm first. Covered Stent graft deployed of 8 mm × 10 cm (fluency). Poststenting there was no endoleak. Procedure went uneventful. Patient presented at 3 month with stent occlusion and underwent catheter directed thrombolysis. **Results:** The first procedure of deployment of stent graft went uneventful with no endoleak and good sealing zone. Postthrombolysis patient put on anticoagulation and now till 8-month follow-up patient is doing well. **Conclusion:** Endovascular therapy is a safe modality of treatment although long-term data are not available. Furthermore, proper follow up of all the patient is very important.

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Refractory Chyloma Posttotal Thyroidectomy: How to Manage

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Background: Thyroidectomy and neck lymph node dissection are a common neck endocrine surgery. Chyle leak is a rare but troublesome complication of cervical surgeries. **Case Report:**