IMAGE

Multimodality evaluation of an unusual saphenous vein graft

Un pontage veineux inhabituel

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A 73-year-old diabetic patient with a history of three-vessel disease and surgical revascularization 4 years ago was referred for an angiographic control. The angiogram of the saphenous vein graft implanted on the right coronary artery showed an unusual bifid proximal part without any indication of graft disease (Fig. 1A). To assess the graft wall morphology, IVUS was performed (Fig. 1B–E); the results confirmed the lack of disease and revealed a short double-barrel-like vein segment (* for second lumen) included in the same adventitial and periadventitial tissue (plain arrows). A 64-slice computed tomography scan (Fig. 1F–H) confirmed this analysis (dashed arrow) and highlighted its IVUS-like abilities with respect to its lower spatial resolution. With respect to the large lumen area(s) and the lack of clinical symptoms of angina, we assumed that this graft was non-flow limiting.

Duplication of the long saphenous vein is common, usually with a closed loop; a short one inside the same adventitial tissue could be undetected at the time of harvesting by the surgeon.

Abbreviation: IVUS, intravascular ultrasound.
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Figure 1. Multimodality assessment of a 4-year-old saphenous vein graft with (A) angio; (B–E) intravascular ultrasound; and (F–H) CT scan.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.