

## Incision and Drainage of a Forgotten Vascular Graft

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A 64-year-old woman with type 2 diabetes mellitus, peripheral artery disease with bilateral below-knee amputation, and recurrent soft tissue infections on her right thigh presented with a 5-day history of an abscess on the posterior side of her right thigh (Panel A). She was prescribed oral clindamycin followed by incision and drainage the next day, which revealed a vascular graft that protruded at about 20 cm from the draining site without any sign of bleeding (Panel B; in both panels, the patient is lying down with the right knee elevated).

She had undergone a femoral-popliteal bypass 2 years prior to presentation followed by ilio-peroneal bypass and excision of the former. She had right below-knee amputation 2 months

later but continued having recurrent soft tissue infections on the right thigh associated with poorly controlled diabetes and a hemoglobin A1c of up to 18.5%.

The patient was admitted to the hospital, where she received broad-spectrum antibiotics and underwent surgical exploration of the right groin. The femoral artery was located without evidence of graft anastomosis. The graft was retrieved from the superficial free end on the posterior aspect of the thigh. The wound tract was irrigated, obtaining notable purulent drainage. Wound cultures grew *Pseudomonas aeruginosa*, for which she received meropenem. She progressed uneventfully and was discharged home.

