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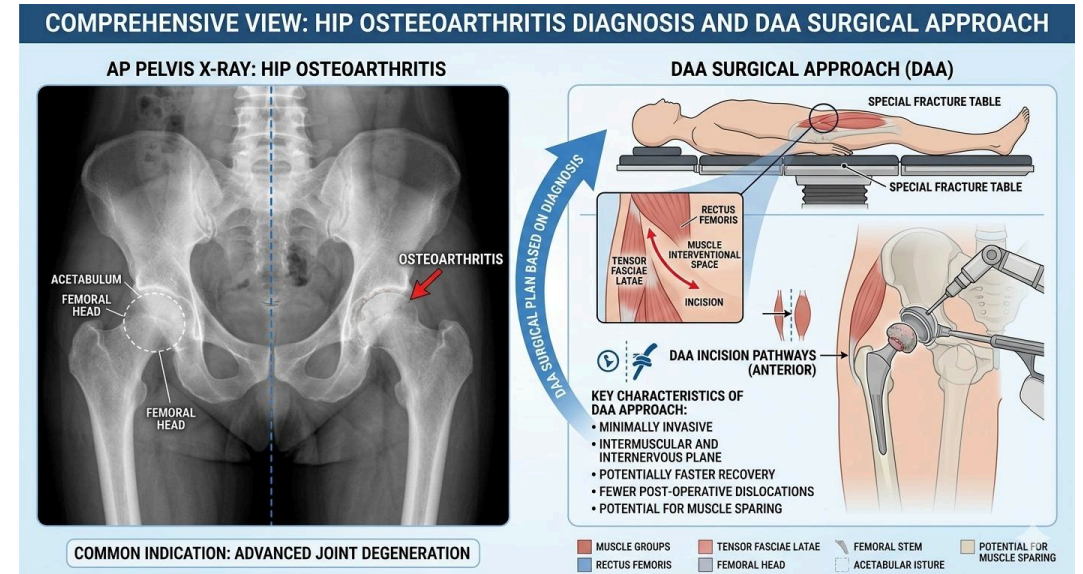
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European Anterior Hip Meeting (EAHM)

Femoral Artery Transection During DAA THA in a Patient with Ipsilateral Cryptorchidism: A Critical Embryological Correlation – A Staged Approach

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Background

- DAA is muscle-sparing but puts femoral vessels at risk
- Iatrogenic arterial injury: 0.01–0.03% – rare but catastrophic

Purpose

- First reported case linking femoral artery rupture during DAA to cryptorchidism
- Propose embryological basis · Recommend preoperative planning & staged strategy

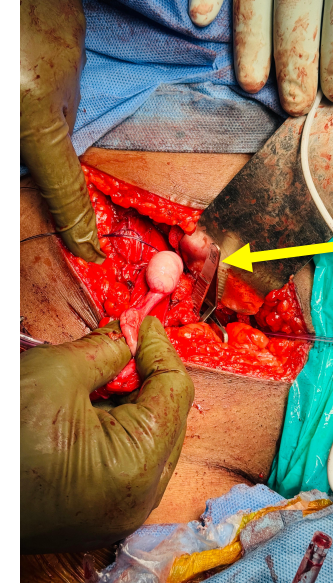


Case & Method

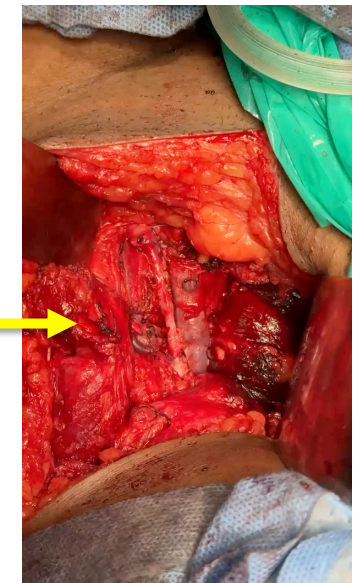
- Patient: 32/M, advanced left hip OA
- Key History: Uncorrected ipsilateral undescended testis
- Intraoperative Event:
- Profuse bright red bleeding during capsular exposure
- Full-thickness common femoral artery transection
- Immediate Action:
- Vascular repair with saphenous vein graft by on-call team
- THA aborted (risk: infection + instability)

Staged Strategy:

- Phase 1: Emergency vascular repair
- Interval: 3-week recovery
- Phase 2: Definitive THA completed



Intra-abdominal
undescended testes

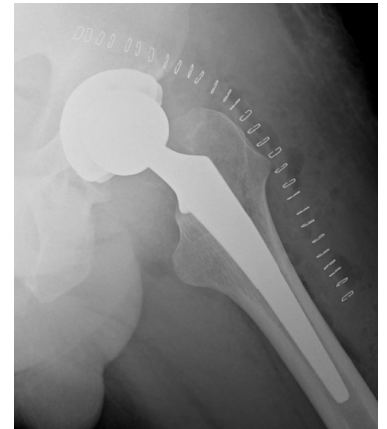
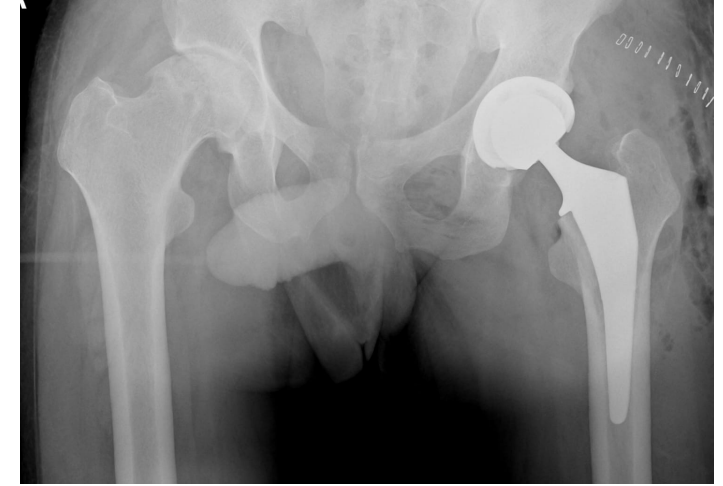


Vascular repair
with Saphenous
vein graft



Results

- 6-month Harris Hip Score: 92
- No neurovascular deficit
- Excellent functional recovery
- Embryological Hypothesis:
- Testicular descent: 7–8th gestational month (gubernaculum/INSL3)
- Femoral vessel development: 4–8th gestational week
- Overlap → aberrant course, tethering, or fibrosis
- ↑ Susceptibility to rupture during DAA





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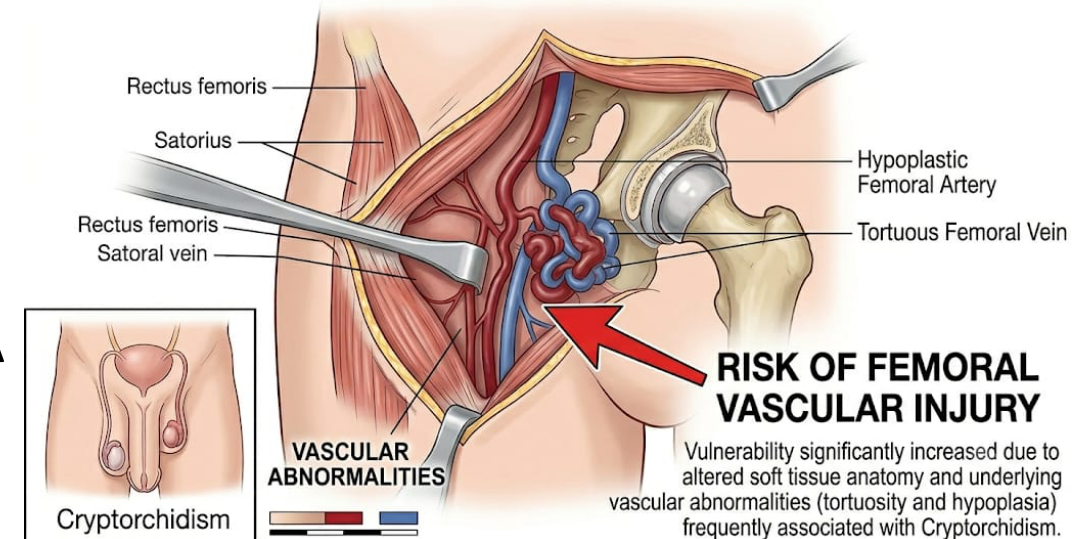
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Conclusion

- Cryptorchidism = red flag for atypical vascular anatomy
- Preoperative CTA indicated for all males with ipsilateral undescended testis before DAA THA
- Staging after vascular repair is safe when:
 - Hemodynamic compromise
 - Contamination risk
 - 3-week interval ensured safety & excellent outcome



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