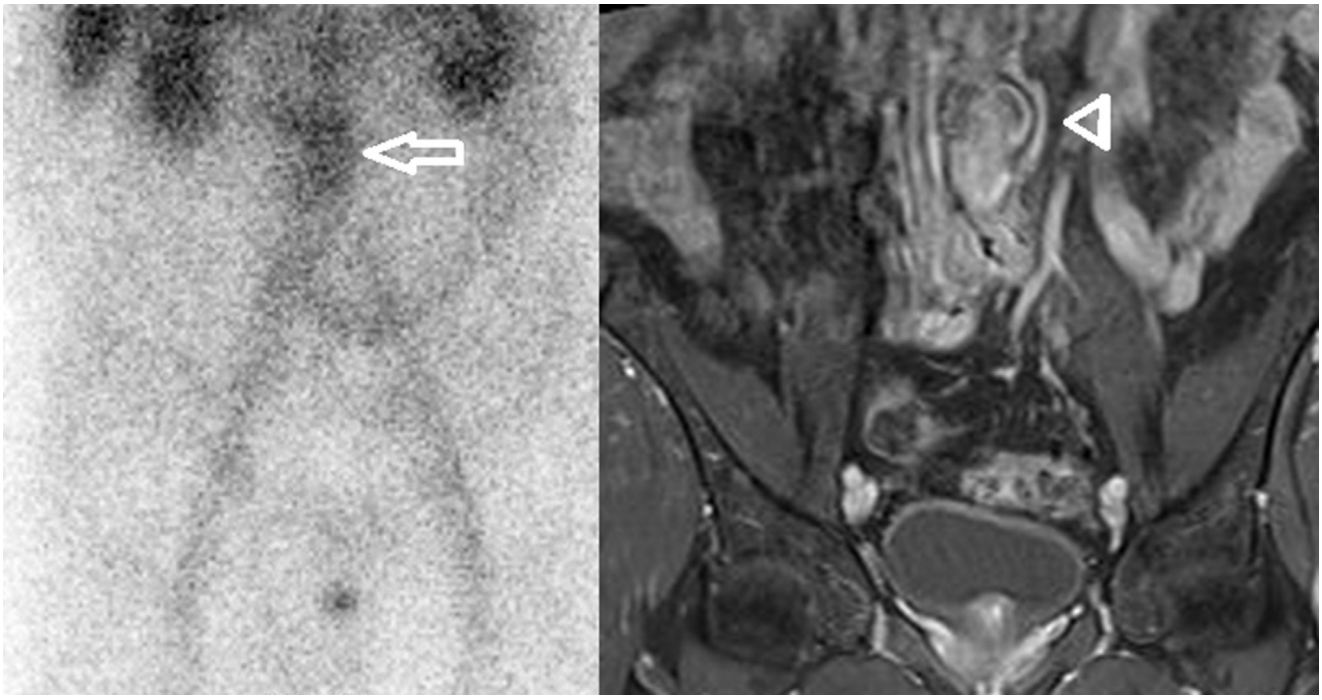
22 Schlager O, Dick P, Sabeti S, Amighi J, Mlekusch W, Minar E, et al. Stenting of the superficial femoral artery—the dark sides: restenosis, clinical deterioration and fractures. *J Endovasc Ther* 2005;**12**:676—84.
23 Duda SH, Bosiers M, Lammer J, Scheinert D, Zeller T, Tielbeek A, et al. Sirolimus-eluting versus bare nitinol stent for obstructive superficial femoral artery disease: the SIROCCO II trial. *J Vasc Interv Radiol* 2005;**16**:331—8.
24 Werk M, Langner S, Reinkensmeier B, Boettcher HF, Tepe G, Dietz U, et al. Inhibition of restenosis in femoropopliteal arteries: paclitaxel-coated versus uncoated balloon: femoral paclitaxel randomized pilot trial. *Circulation* 2008;**118**:1358—65.
25 Kayssi A, Al-Atassi T, Oreopoulos G, Roche-Nagle G, Tan KT, Rajan DK. Drug-eluting balloon angioplasty versus uncoated balloon angioplasty for peripheral arterial disease of the lower limbs. *Cochrane Database Syst Rev* 2016.
26 Mays RJ, Casserly IP, Kohrt WM, Ho PM, Hiatt WR, Nehler MR, et al. Assessment of functional status and quality of life in claudication. *J Vasc Surg* 2011;**53**:1410—21.
27 Landry GJ. Functional outcome of critical limb ischemia. *J Vasc Surg* 2007;**45**(Suppl. A):A141—8.

Eur J Vasc Endovasc Surg (2018) 56, 698

COUP D'OEIL

Fever of Unknown Origin due to a Mycotic Abdominal Aortic Aneurysm First Diagnosed with Bone ^{99m}Tc Scintigraphy

Spyros I. Papadoulas *, **Stavros K. Kakkos**
Department of Vascular Surgery, University of Patras Medical School, Patras, Greece



A 62 year old male, with fever of unknown origin, lumbar pain, weight loss, anaemia, and elevated C-reactive protein/erythrocyte sedimentation rate (CRP/ESR) levels, had bone ^{99m}Tc scintigraphy revealing increased ^{99m}Tc uptake in the infrarenal aorta (A, arrow). Lumbar magnetic resonance imaging scanning (sagittal short-TI inversion recovery sequence [STIR], T1WI, T2WI, and post intravenous (IV) gadolinium T1WI with fat suppression) showed a 3.8 cm eccentric aneurysm with irregular borders and irregular wall enhancement (B, arrowhead) suggesting a mycotic aneurysm. The aneurysm was repaired with an omentally wrapped PTFE graft. Antibiotics were given for 2 weeks pre-operatively and 6 weeks post-operatively. Tissue cultures were negative. At three month follow up there were no signs of infection.

* Corresponding author. Department of Vascular Surgery, University Hospital of Patras, Patras, 26504, Greece.
E-mail address: spyros.papadoulas@gmail.com (Spyros I. Papadoulas).

https://doi.org/10.1016/j.ejvs.2018.08.045