CASE REPORT

 Persistent sciatic artery resembles a soft-tissue sarcoma in presentation

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SUMMARY
Persistent sciatic artery (PSA) is a rare vascular anomaly with estimated incidence of 0.03%–0.06%. It has high incidence of complications including aneurysmal formation and ischaemia that may lead to amputation. During early embryonic development, the sciatic artery (which usually supply fetal lower buds and caudal part) disappears when the superficial femoral artery develops properly and the lower limbs grow. On clinical examination, usually a pulsating gluteal mass (the aneurysm) is appreciated with weak or absent femoral artery (Cowie’s sign). However, our patient had presented in a different way. She was referred from peripheral clinic as a case of possible liposarcoma in the gluteal region. On examination, there was obvious asymmetry between both buttocks. The affected side was hard, firm in consistency with no appreciable pulsation. Nevertheless, on auscultation there was a bruit of low grade. Peripheral pulses were palpable. Our clinical impression was towards a sarcoma namely a liposarcoma. MRI was requested to evaluate the mass. The radiology report suggested that most probably it is an angiosarcoma with slim possibility of being a cavernous haemangioma. The tract biopsy was deferred, in view of the high vascular nature of the lesion. The plan was as follow: To do angiography and embolisation of the main feeding vessels, with the possibility of biopsy in a second incident if indicated. During the conventional angiography, the pathology revealed itself. The patient was type 3 according to Pillet-Gauffre classification (PSA is limited to gluteal area and the popliteal artery arising from the femoral artery) associated with huge arteriovenous malformation. Embolisation with different materials including coils, beads and foam was ineffective. Finally, the radiologist excluded the root of the sciatic artery by a stent bridging from common iliac to external iliac artery. This successfully occluded the PSA.

BACKGROUND
To start with, this disease is rare; the treatment was endovascular stenting, which is a relatively new approach, so it is important to know about the efficacy of this procedure in such scarce cases. After all, case reporting may be the only way to have an evidence-based approach for such rare cases.

OUTCOME AND FOLLOW-UP
The patient had immediate relief of her discomfort. Within 1 week, she noticed around 50% reduction in the size of the mass. She shall have MRI film follow-up in 3 months.

DISCUSSION
Persistent sciatic artery (PSA) is a rare vascular anomaly with estimated incidence of 0.03%–0.06%.

The patient reported a mild asymmetry between the two glutei since childhood, but after a moderate trauma (the patient fell on her buttocks), she noticed marked increase and mild discomfort of the affected side. No neural or sciatic nerve neuropathic symptoms.

INVESTIGATIONS
Ultrasound study showed heterogeneous mass which is high in vascularity possible liposarcoma.

MRI pelvis suggested cavernous haemangiosarcoma versus haemangioma (figures 1–4).

Angiogram (figures 5–9).

DIFFERENTIAL DIAGNOSIS
Soft-tissue sarcoma.

TREATMENT
Endovascular intervention.

Coils (figures 10 and 11) and stenting images (figures 12–14).

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One may question the need for treatment for our case altogether. They may argue that femoral artery is present and it supplies the lower limb by popliteal artery. Nevertheless, we decided to intervene because: the sudden increase of the size, the discomfort feeling the patient experienced, the huge asymmetry which disfiguring, not to forget the big venous
Figure 7  Arterial angiography showing the vascular bed of the lesion.

Figure 8  The angiography showing the venous bed.

Figure 9  The angiography showing the venous plexus of P.S.A.

Figure 10  A coil was introduced at the neck of the malformation in an attempt to occlude it.

Figure 11  The failure of the coil to occlude the blood flow from pooling to the arteriovenous anomaly.

Figure 12  Introducing a stent to bridge between superficial femoral and common iliac artery and to bypass the origin of the persistent sciatic artery.
pool that may harbour clots (that my dislodge and endanger her life). Besides, the MRI showed the destruction of the fascia of the gluteus medius and maximus that may point on a pending rupture.

**Patient’s perspective**

I was very pleased by both the diagnosis and how it was treated. They told me in the beginning that this may be a type of cancer. It turns to be related to a defect in my vessels since I was in the womb of my mom.

The treatment was with wires and needles introduced through my groin. They gave me local anaesthesia so I don’t feel pain. I stayed overnight in the hospital.

Next morning I could notice the relief of the discomfort I used to have.

Within one week the mass regressed to less than half.

**Learning points**

- Interestingly the diagnosis was overlooked by MRI but easily picked up by conventional angiography.
- Endovascular procedures are proving their superiority on daily bases.
- Deferring the biopsy was a wise decision as it could have complicated the case and the diagnosis as well.
- This case questions if aneurysmal changes in persistent sciatic artery particularly are congenital or due to repeated trauma as it was thought earlier.

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