



# Localized Janeway lesions after ECMO

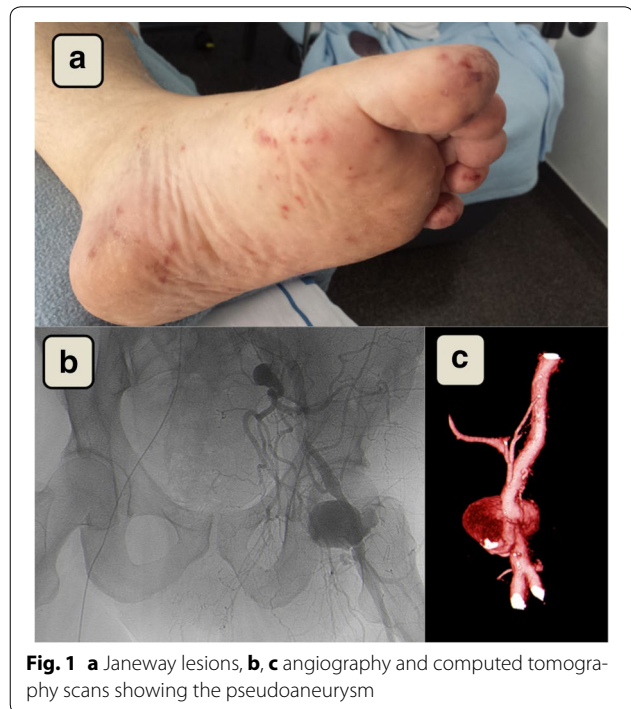
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## Localized Janeway lesions after extracorporeal membrane oxygenation

We report on a 60-year-old male patient with obesity who presented with severe pulmonary hypertension, severe mitral regurgitation and moderate tricuspid regurgitation, subsequently undergoing mitral valve replacement and tricuspid ring implantation. The surgical procedure required veno-arterial extracorporeal membrane oxygenation (ECMO), with cannulation of the left femoral vessels, due to cardiogenic shock resulting from right ventricle failure. The patient was weaned from ECMO on the fourth day. One month later he presented with fever and Janeway lesions on the sole of the left foot (Fig. 1a). *Pseudomonas aeruginosa* was detected in the blood culture and in the wound culture of the left groin. Transesophageal echocardiography did not show any sign of endocarditis. Echo Doppler and computed tomography scans showed pseudoaneurysm of the left femoral artery, which required open surgical repair (Fig. 1b, c). Culture of the pseudoaneurysm of the femoral artery, carried out after 4 weeks of antibiotic treatment with cefepime and ciprofloxacin, was negative. Microscopic examination showed inflammatory infiltrate with foreign-body giant cells.

Pseudoaneurysm at the site of arterial cannulation is a frequent complication after ECMO treatment. We speculate that our patient developed a local infectious process of the pseudoaneurysmatic segment of the left femoral artery. This local infectious event could explain why Janeway lesions were localized exclusively on the left foot.



**Fig. 1** a Janeway lesions, b, c angiography and computed tomography scans showing the pseudoaneurysm

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### Compliance with ethical standards

### Conflicts of interest

The authors declares no conflict of interest.

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