

Report: Under SCS, a significant increase in trans-cutaneous oxygen tension (tcpO₂) was observed in TAO and a significant increase in systolic perfusion pressure at plethysmography was observed in SRS. Complete limb preservation was achieved in all patients who had reduced tobacco consumption.

Discussion: SCS is an efficient therapeutic tool in TAO and SRS. Patient selection criteria are crucial for success.

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Aberrant Right Subclavian Artery and Kommerell's Diverticulum: An Original Surgical Treatment with Dual-purpose Shunt

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Introduction: We report a case of Kommerell's diverticulum of an aberrant right subclavian artery in a patient with a left-sided aortic arch.

Report: The 80-year-old patient presented with dysphagia and dyspnea. The computed tomography scan showed that the trachea and the esophagus were compressed by the aberrant artery. This situation was corrected by surgical treatment without cardiopulmonary bypass or hypothermic circulatory arrest. The aneurysm was excluded by means of a temporary shunt between the ascending aorta and the descending aorta.

Discussion: An endovascular procedure was not considered to be appropriate to release the esophagus and trachea from arterial compression.

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Great Saphenous Vein and Leiomyosarcoma

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Introduction: The authors report a rare case of a leiomyosarcoma of the great saphenous vein (GSV), diagnosed in a 72-year-old male.

Report: The symptoms were limited to leg tension and pain during exercise; Duplex scan suggested a GSV thrombosis with an enlarged lymph node. The failure of low-molecular-weight heparin treatment requested a magnetic resonance imaging (MRI) scan revealing a mass attached to the left saphenous vein.

An *en bloc* removal of the mass, measuring 5.5 cm in diameter, and a wide resection was performed; a further revision was necessary after 2 months in order to perform radical surgery and the patient underwent radiation therapy. When lung metastases occurred, the patient started chemotherapy but after 5 months died.

Discussion: Leiomyosarcoma is difficult to diagnose, requiring MRI scan or positron emission tomography-computed tomography (PET-CT) scan. The best therapy is surgery, which must be radical and may be followed by radiation therapy that may be indicated postoperatively in case of metastases.

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