A 72-year-old female with a history of hypertension and a recent outpatient catheterization procedure due to angina where a stent was implanted in the left anterior descending artery using the right arm presented to the emergency department with complaints of pain and swelling in her right arm 6 days after the procedure (Figure 1A). Upon physical examination, the patient was found to have diffuse swelling in the antecubital fossa of his right arm.

A Point-of-Care Ultrasound (POCUS) was performed on the patient’s right arm using a high-frequency linear probe. POCUS revealed that radial artery become aneurysmal proximally then a large pseudoaneurysm was identified coming off of the aneurysm (Figure 1B,1C). There was evidence of turbulent flow within the sac, (Figure 1D) and the pseudoaneurysm appeared to be expanding with each heartbeat.

Based on the patient’s clinical presentation and the findings from the POCUS ultrasound, the diagnosis of a traumatic brachial artery pseudoaneurysm communicating a brachial artery aneurism was made. The patient underwent surgical repair of the pseudoaneurysm, which was successfully performed without any complications.

Early detection and treatment of pseudoaneurysms can prevent complications such as rupture, thrombosis, and embolization, and can ultimately lead to improved patient outcomes [1].

**Declarations**

**Ethical approval:** Written informed consent was obtained from the patient described in this article.

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Figure 1: A. Presenting complaint of right arm pain and swelling 6 days after the procedure. B and C. POCUS revealed that radial artery become aneurysmal proximally then a large pseudoaneurysm was identified coming off the aneurysm. D. POCUS image of the “swirl” or “yin-yang” sign.

References