E-Da Medical Journal 1 (2014) 41-42

Images

Clinical Image: Leriche Syndrome

Han-Yi Wang, Pai-Chun Yen, Yu-Chen Cheng, I-Ting Tsai

Case Report

A 45-year-old man with a past history of hypertension, diabetes mellitus type 2, heavy smoking, and nasopharyngeal carcinoma at a stage of T4N0M0 having received radiotherapy and chemotherapy with cisplantin, presented to the emergency department with manifestations of near syncope, diaphoresis, and diffuse abdominal pain for one day. He was afebrile with a body temperature of 36.7˚C, a pulse rate of 62 per minute, and respiratory rate of 16 per minute. His blood pressure measured over the right and left upper extremities was 205/84 and 190/83 mmHg, respectively. On the other hand, significantly decreased blood pressure was noted over the lower extremities with the right and left side being 101/77 and 99/76 mmHg, respectively. Physical examination demonstrated relatively diminished pulsations over bilateral femoral, popliteal, posterior tibial, and dorsalis pedis arteries. Plain abdominal radiograph showed slightly increased gaseous content and dilated small bowel over right upper quadrant suggestive of localized ileus. To investigate the underlying cause of the patient's presentations, computed tomography (CT) was then performed and revealed severe thrombosis of the distal abdominal aorta that extended beyond the bifurcation to the level of bilateral proximal common iliac arteries with nearly total occlusion compatible with aortoil-

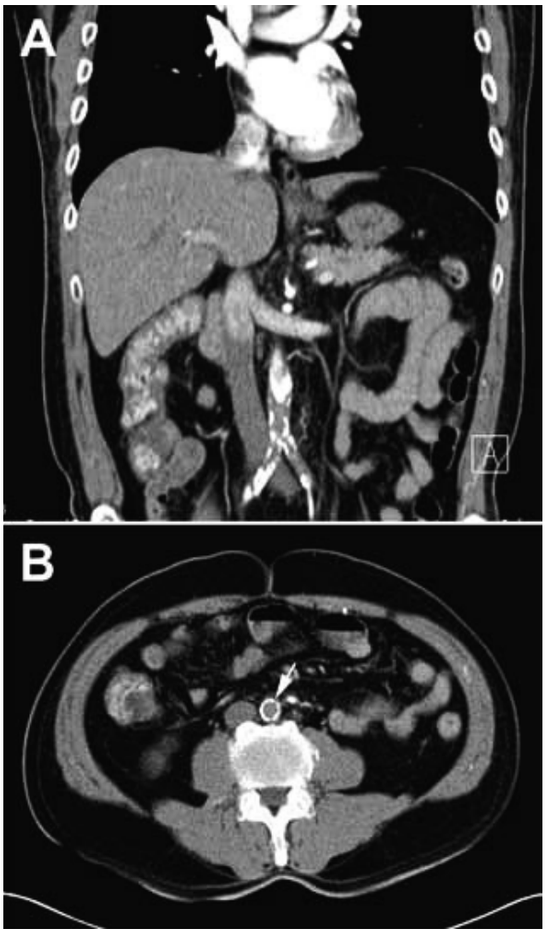

Fig. 1 Computed tomography with contrast media revealed (A) Severe thrombosis with nearly total occlusion of the distal abdominal aorta involving bifurcation and bilateral proximal common iliac arteries. (B) Occlusion of distal abdominal aorta visible on cross-section (white arrow).

From the Department of Emergency Medicine, E-Da Hospital, I-Shou University, Kaohsiung, Taiwan.
Received: July 1, 2011 Accepted: January 4, 2011
Address reprint and correspondence to: Dr. Pai-Chun Yen, Department of Emergency Medicine, E-Da Hospital, 1, Yi-Da Road, Jiaosu Village, Yanchao District, Kaohsiung City 82445, Taiwan.
Tel: +886-7-6150931 ext 3166, E-mail: arach0616@msn.com

iac occlusive disease (Fig. 1). Although surgical intervention was suggested by cardiovascular surgeon, the patient and his family declined the option. After detailed evaluation by cardiologist to rule out the possibility of coronary artery disease, oral cilostazol 100 mg twice daily was prescribed to improve the perfusion of the lower abdomen and lower limbs. The patient's condition was stabilized after hospitalization and he was discharged uneventfully 12 days later. He was symptom- and complication-free on the latest follow-up at the outpatient clinic eight months after discharge.

Aortoiliac occlusive disease, also known as Leriche's syndrome or Leriche syndrome, was first reported by Leriche and Morel in 1948.[1] It is caused by atheromatous occlusion of the abdominal aorta at the bifurcation with or without involvement of the common iliac arteries.[1] The characteristic symptoms include intermittent claudication with absent or diminished femoral pulses combined with pallor or coldness as well as atrophy of the musculature of both lower extremities and erectile dysfunction. All symptoms, however, may not be present, depending on the distribution and severity of the disease. Risk factors of the condition include hypertension, diabetes mellitus, hyperlipidemia, and smoking.[2, 3]

Although the conventional treatment strategy is aortoiliac or aortobifemoral surgical bypass, the endovascular approach has gained increasing popularity as a promising therapeutic alternative especially for high-risk patients for surgery and those who declined the surgical option.[4, 5]

References

1. Leriche R, Morel A: The syndrome of thrombotic obliteration of the aortic bifurcation. Ann Surg 1948;127:193-206.
2. Frederick M, Newman J, Kohlwes J: Leriche syndrome. J Gen Intern Med 2010;25:1102-4.
3. Cacoub P, Godeau P: Risk factors for atherosclerotic aortoiliac occlusive disease. Ann Vasc Surg 1993; 7:394-405.
4. Krankenberg H, Schluter M, Schwencke C, et al: Endovascular reconstruction of the aortic bifurcation in patients with Leriche syndrome. Clin Res Cardiol 2009;98:657-64.
5. Lee WJ, Cheng YZ, Lin HJ: Leriche syndrome. Int J Emerg Med 2008;1:223.