Successful Endovascular Treatment of A “Rigid” Patient with Leriche Syndrome

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Introduction
A 58 year-old male with hypertension and old CVA with limbs rigidity visited our emergency department due to progressive rest pain of his right leg. He had poor healing wounds of his right foot for months. CT showed total occlusion of abdominal aorta from the lower edge of bilateral renal arteries. Vascular surgeon advised for major amputation but the patient refused.

1st Attempt
The first EVT was performed three days later. Via bi-directional approach of left brachial artery and right femoral artery, terminal aorta was opened along with right CIA and EIA. However hypotension developed during stent implantation of EIA and angiography revealed marked extravasation at right EIA, therefore a Viabahn endoprosthesis was put in stent, and the patient was sent to CCU after we stopped the procedure. Abdominal CT showed focal retroperitoneal hematoma, and the vital signs became stable a few hours later.

2nd Attempt
After recovery, we performed second EVT one week later. Via bi-directional approach of right brachial artery and left femoral artery, we successfully opened the left CIA and EIA and put the stents; we also put the stents in the terminal aorta and kissing balloon technique was done for post-stent balloon angioplasty. Final angiogram showed successfully reconstructed aorta-iliaic arteries using Y stent implantation. After the procedure, the patient has no resting pain.

Conclusion
The pearl of presenting this case is that despite of the patient’s characteristics and severity of the Leriche syndrome, we still conquered the lesion and managed to overcome the complication successfully.

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