Angiographic documentation of aortoiliac occlusion in Leriche's syndrome

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A 65-year-old man with familial hypercholesterolemia presented with intermittent claudication. Computed tomography (CT) angiography documented severe stenosis of the right common iliac artery and complete occlusion of the left common iliac artery (Figure 1). Although catheter intervention was recommended, the patient chose a conservative medical therapy.

Eight months later, the patient came back for worsening claudication and development of erectile dysfunction. Follow-up CT angiography revealed complete occlusion of the infrarenal abdominal aorta and bilateral common iliac arteries (Figure 2).

Leriche's syndrome (1,2) is an aortoiliac occlusive disease in men, with associated signs and symptoms of thigh, hip or buttock claudication, atrophy of the leg muscles, impotence and a reduced femoral pulse. The main cause of this syndrome is an atherosclerotic

obstruction of aortoiliac arteries. It typically begins at the distal aorta or common iliac artery origins, and slowly progresses proximally and distally over time. This progression is quite variable, but it may ultimately extend to the level of the renal arteries or result in total aortic occlusion. Serial CT angiographies performed in the present patient demonstrated that the process of aortic occlusion in this syndrome was indeed the result of a retrograde propagation of a thrombotic occlusion initiating in the bilateral iliac lesions.

REFERENCES

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Figure 1) Computed tomography angiography at the initial presentation, showing severely stenosed right common iliac artery (small arrow) and completely obstructed left common iliac artery (large arrow)

Figure 2) Computed tomography angiography at follow-up, showing completely obstructed infrarenal aorta (arrow) and bilateral common iliac arteries

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