CLINICAL SNAPSHOT

Symptoms of Paraplegia as Initial Manifestation of Thromboembolic Aortic Occlusion

A 72-year-old woman presented urgently with sudden onset of paraplegia and pain of the legs and abdomen. Laboratory tests found polycythemia (hematocrit 60.9%, Hb 19.4g/dL), lactate acidosis (lactate 11.5 mmol/L, pH 7.2) and elevated parameters of inflammation (CRP 11.8 mg/dL; leukocytes $19.3 \times 10^3/\mu\text{L}$). Due to the preexisting atrial fibrillation (CHA2DS2-VASC score: 6 points) she had been treated with adequate doses of non-vitamin K antagonist oral anticoagulants. Clinical examination revealed marbling of the legs, and palpation failed to detect pulses in either foot. A striking observation on CT-angiography was acute subtotal occlusion of the abdominal aorta (asterisk in orange circle), the common and external iliac artery on both sides, the celiac trunk, and the superior mesenteric artery. There were accompanying signs of ischemia in the stomach, small bowel, large bowel, and spleen (only partially visually in a single image). Simultaneously, we noted a thrombus in the left atrium and cardiac auricle (orange arrow) that could have caused embolism. The presence of an atrial thrombus during effective anticoagulation is unusual and may in this case have been associated with the marked polycythemia. The patient declined all further offers of treatment and died under palliative sedation.

Dr. med. Isabel von Auenmüller, Prof. Dr. med. Hans-Joachim Trappe,
Medizinische Klinik II – Kardiologie/Angiologie, Marien Hospital Herne, Isabel.vonAuenmueller@elisabethgruppe.de

Dr. med. Guido Winnekendonk, Institut für Diagnostische, Interventionelle Radiologie und Nuklearmedizin, Marien Hospital Herne

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