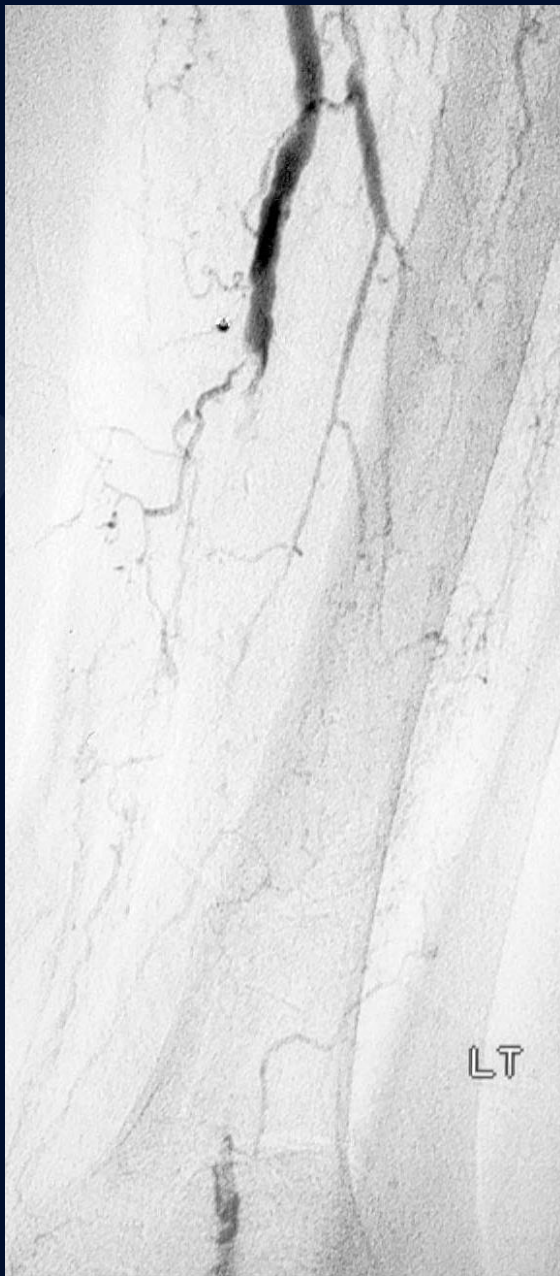


103-year-old female with history of  
atrial fibrillation presenting with  
acute leg pain, not on  
anticoagulation

Jacob Kachura, MS4, MS

Racquel Helsing, MD

# Conventional Arteriogram of Left Leg (Right Common Femoral Artery Approach)



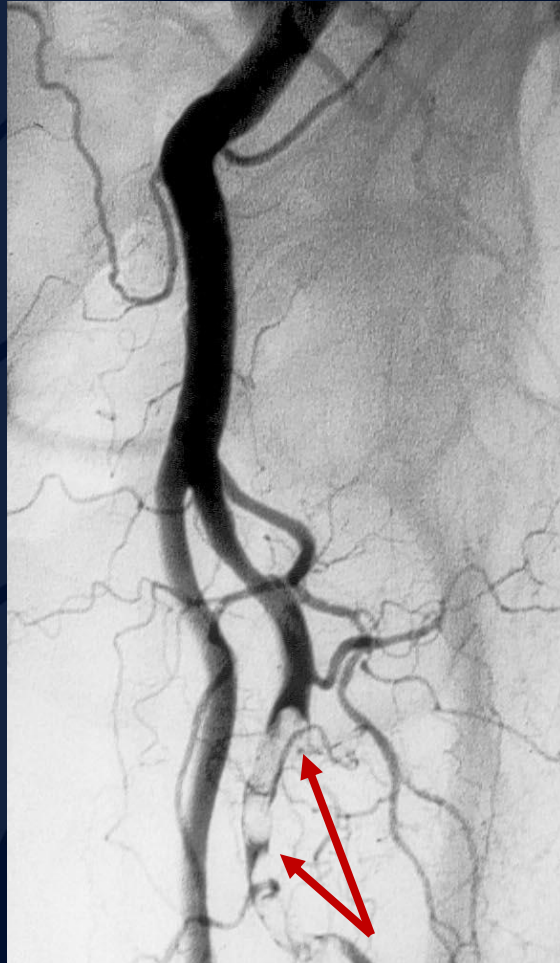
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching out, with a scalloped edge.

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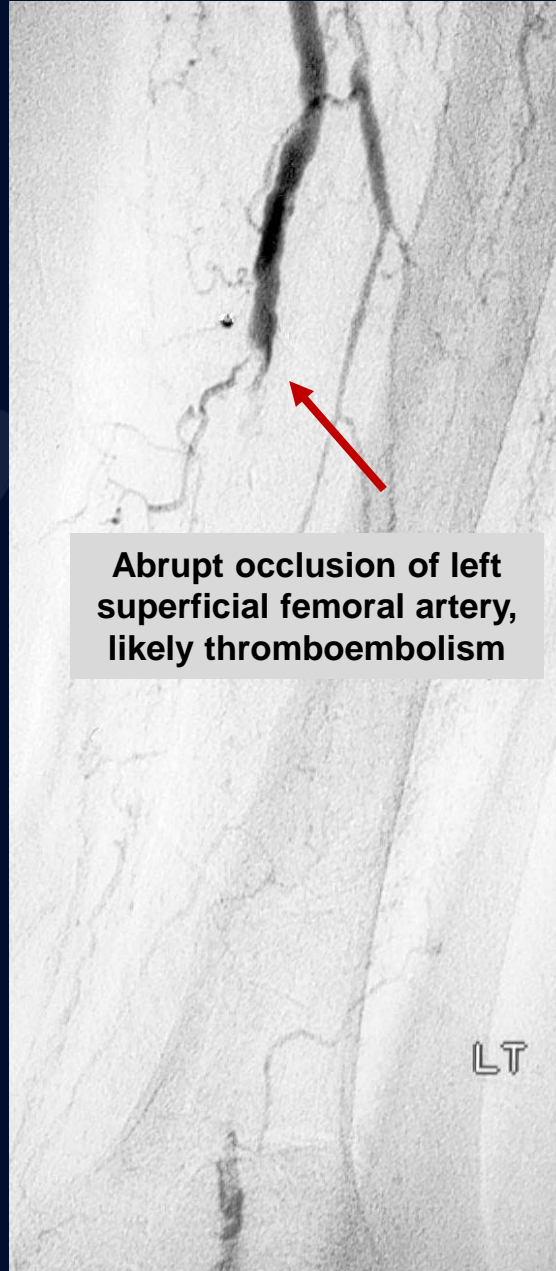
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide and partially overlapping the title text.

# Acute Arterial Thromboembolism

# Conventional Arteriogram of Left Leg (Right Common Femoral Artery Approach)



**Abrupt occlusions in left profunda femoris artery with convex upper margins ("meniscus sign") due to multiple filling defects representing thromboemboli**



**Abrupt occlusion of left superficial femoral artery, likely thromboembolism**



**Stenoses due to atherosclerosis**

**Chronic atherosclerotic occlusion of left anterior tibial artery**

# Acute Arterial Thromboembolism

## Etiology

- Cardiac sources (55-87%) e.g., atrial fibrillation, intra-atrial clot, clot formation in LV post cardiac infarction
- Aortic plaques and large aneurysms
- Paradoxical embolism
- Arterial injury

## Clinical features

- Six Ps
  - Pain, pallor, poikilothermia, pulselessness, paresthesia, paralysis

# Imaging Findings

## CT angiography

- Used to determine amount and location of baseline embolic burden.
- Helpful for deciding whether to pursue open surgery or catheter-based intervention.

## Arteriogram findings

- Intraluminal filling defect
- “Meniscus sign” – meniscoid or sidewall opacification at the occlusion site, suggesting an embolic mechanism
- “Tram-tracking” – tracking of contrast alongside the thrombus-filled vessel

# Management

## Management

- Initial management: systemic anticoagulation and IV fluids.
- Intra-arterial thrombolysis, open embolectomy, or percutaneous embolectomy.

This patient's pain resolved after Fogarty balloon embolectomy of the profunda, performed under local anesthesia via a small cut-down on the left common femoral artery.



# References

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