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

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









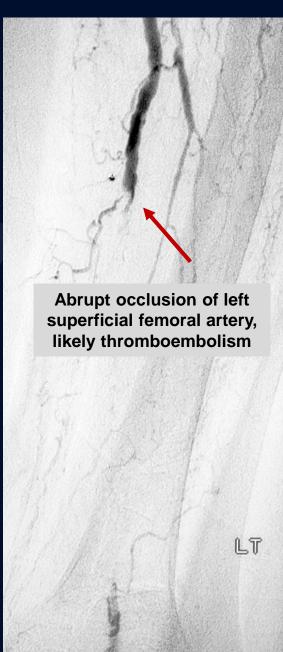


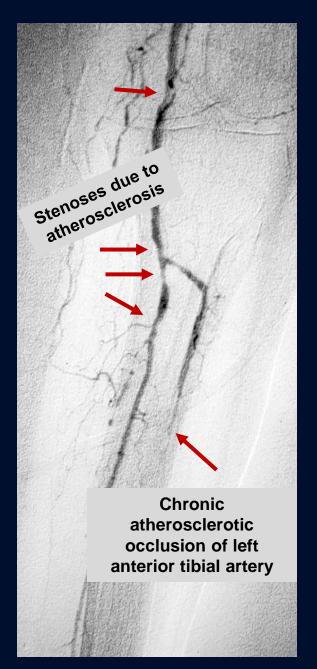
Acute Arterial Thromboembolism



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







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 catheterbased 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 thrombusfilled 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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