Answer: Aortoiliac occlusive disease (Leriche’s syndrome)

The CT angiogram showed an occluded abdominal aortic aneurysm, just after the take off of the renal arteries, extending down to involve both the iliacs and common femoral arteries (CFA). The associated syndrome is called Aortoiliac Occlusive Disease (AIOD) or Leriche’s syndrome, first described by Robert Graham in 1814. The pathology commonly involves the infrarenal abdominal aorta and can extend down to the CFA with blood supply to the lower limb vessels arising via collaterals from the inferior mesenteric vessels to the superficial femoral arteries.

Classically, the patient, usually a male presents with a triad of symptoms of buttock pain (claudication) and thighs, absent/decreased femoral pulses and impotence. This triad was described by Rene Leriche, a French surgeon, who linked the pathophysiology with the anatomy of the condition in 1923.

Depending on the severity of the disease, at least half of the patients have no symptoms and hence the exact incidence and prevalence of PVD is unknown. The incidence increases with age with about 25% of the US population is affected at the age of 70.

Common risk factors are cigarette smoking, hypercholesterolemia and diabetes mellitus. The prognosis for AIOD are generally poorer than those with more distal (Limbs) peripheral vascular disease (PVD).

There two goals in the treatment are; a) reduce the risk for cardiovascular events (i.e. myocardial infarction, stroke and other vascular death) by aggressive control of known risk factors, and b) relieve of symptoms by endovascular and or surgical revascularisation (aortoiliac endarterectomy and aortobifemoral bypass grafting, extra-anatomical bypass, i.e. bilateral axillofemoral bypass grafting). Endovascular balloon dilatation and stenting has now become a reasonable alternative with less risk than open procedures, for treatment of AIOD.

REFERENCES

