

CLINICAL IMAGE

When collateral vessels matter: asymptomatic Leriche syndrome

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Case

A 69-year-old patient was admitted to our Internal Medicine division for bilateral pleural effusion. In the suspect of neoplastic lesions, a CT-scan of the thorax and abdomen and a diagnostic thoracentesis were performed. No cancers were revealed. Incidentally, an aortoiliac occlusive disease was observed as expression of the Leriche's syndrome (Fig. 1). Notably, patient did not suffer *claudication*, significant changes in the femoral pulses, or impotence. However, patient displayed a high cardiovascular risk profile (cigarette smoking, dyslipidemia, and hypertension). For a better cardiovascular risk assessment, a Doppler imaging of supra-aortic trunks and a cardiac stress test were performed, without pathologic results. Due to the overall cardiovascular risk and the incidental identification of aortoiliac occlusive disease, patient was treated with

Key Clinical Message

While acute arterial occlusion causes life-threatening ischemia and organ damage requiring urgent revascularization, the incidental identification of arterial occlusions in asymptomatic patients represents a therapeutic dilemma in clinicians. Does chronic asymptomatic artery occlusion require specific treatment?

Keywords

arteries occlusion, Leriche's syndrome.

atorvastatin, antihypertensive therapy (a combination of four different drugs: ACE inhibitor, calcium channel blocker, diuretic, and alpha-blocker) and antiplatelet drug (aspirin).

Discussion

The Leriche's syndrome is an aortoiliac occlusive disease characterized by claudication, decreased femoral pulses and impotence [1]. Here, we describe the incidental diagnosis of an asymptomatic Leriche's syndrome, in the context of severe cardiovascular risk factors. Due to the absence of symptoms and the development of adequate collateral circulation, the indication for surgical and/or endovascular treatment are questionable [2]. Therefore, the patient was discharged from the hospital without receiving invasive treatment. However, a severe correction of cardiovascular risk factors was imposed.

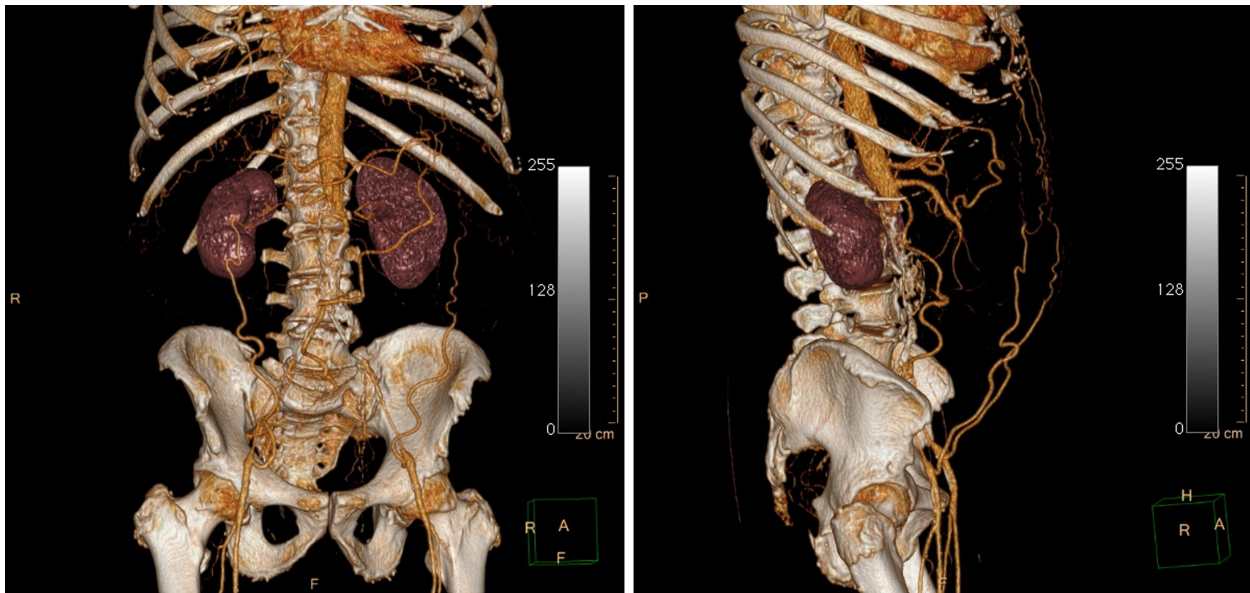


Figure 1. CT-scan of the abdominal aorta. The 3D-volume rendering image shows a complete obstruction of the subrenal aorta and iliac bifurcation. The vascularization of the internal and external iliac arteries and the common femoral arteries is maintained by collateral circles.

Conflict of Interest

Authors have no conflict of interest.

References

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