26 Cheng Z, Riga C, Chan J, Hamady M, Wood NB, Cheshire NJ, et al. Initial findings and potential applicability of computational simulation of the aorta in acute type B dissection. *J Vasc Surg* 2013;**57**:35S—43S.
27 Preventza O, Garcia A, Moeller K, Cooley DA, Gonzalez L, Cheong BY, et al. Retrograde ascending aortic dissection after thoracic endovascular aortic repair for distal aortic dissection or with zone 0 landing: association, risk factors, and true incidence. *Ann Thorac Surg* 2015;**100**:509—15.
28 Chen Y, Zhang S, Liu L, Lu Q, Zhang T, Jing Z. Retrograde type A aortic dissection after thoracic endovascular aortic repair: a systematic review and meta-analysis. *J Am Heart Assoc* 2017:6.
29 Riambau V, Bockler D, Brunkwall J, Cao P, Chiesa R, Coppi G, et al. Editor's choice — management of descending thoracic aorta diseases: clinical practice guidelines of the European Society for vascular Surgery (ESVS). *Eur J Vasc Endovasc Surg* 2017;**53**:4—52.
30 Osswald A, Karmonik C, Anderson JR, Rengier F, Karck M, Engelke J, et al. Elevated wall shear stress in aortic type B dissection may relate to retrograde aortic type A dissection: a computational fluid dynamics pilot study. *Eur J Vasc Endovasc Surg* 2017;**54**:324—30.
31 Adachi B. Das Arteriensystem der Japaner. *J Anat* 1932;**66**:434—5.
32 Liechty JD, Shields TW, Anson BJ. Variations pertaining to the aortic arches and their branches; with comments on surgically important types. *Q Bull Northwest Univ Med Sch* 1957;**31**:136—43.

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COUP D'OEIL

Symmetrical Peripheral Gangrene

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A 38 year old white male type 1 diabetic on peritoneal dialysis was admitted with diabetic foot infection. The clinical course was complicated by septicaemia with ensuing bilateral upper limb digital gangrene (A). Raised inflammatory markers, a temporary decrease in both antithrombin III and protein C, were present with normal coagulation times. Treatment was undertaken with broad spectrum antibiotics, anticoagulation, steroids (without ever requiring inotropes), and amputation of the affected fingers. Histopathology revealed venous thrombosis and arterial atherosclerosis with no evidence of microemboli or vasculitis. Currently, the patient is under rehabilitation with healed digital stumps (B), without systemic anticoagulation.

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