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Aorto-Bilateral-Femoral-Bilateral-Popliteal Bypass for Leriche Syndrome With Occlusion of Both Superficial Femoral Arteries

Zan Mitrev, MD, Lidija Veljanovska, MD, and Nikola Hristov, MD

Special Hospital for Surgery "Filip Vtori," Skopje, Macedonia



Fig 1.

A 68-year-old man, who is a smoker with hypertension and hyperlipidemia, presented in our hospital with rest pain in both calves. His symptoms started 1 year prior with short distance walking pain in both legs. Preoperative work up discovered Leriche's syndrome with occlusion of both superficial femoral arteries, as shown on the 64-slice computerized tomographic scan (Fig 1). Operative treatment included aortobilateral femoral bypass, using 16/8 mm Dacron (Edwards

Address correspondence to Dr Hristov, PZU "Filip Vtori," Skopje, 1000, Macedonia; e-mail: hristov@cardiosurgery.com.mk.



Fig 2.

Lifesciences, Irvine, CA) Y-graft, anastomosed terminoterminal to the aorta and latero-lateral to both common femoral arteries. The excess 8-mm tube grafts were cut, and the procedure continued with termino-lateral anastomosis using an 8-mm Dacron tube graft (Edwards Lifesciences) on the popliteal artery, then connecting the distal tube graft with the proximal tube graft on the femoral level using terminoterminal anastomosis. The same operative steps were repeated for the other leg. His postoperative stay was uneventful. He was discharged home 7 days later. A follow-up 64-slice computerized tomographic scan (Fig 2) of the aorto-bilateral-femoral-bilateral-popliteal bypass.

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