A 76-year-old man was admitted to our hospital because of exertional chest pain and mild intermittent claudication. Computed tomography revealed total occlusion at both common iliac arteries, the distal portions of which were opacified by collateral flow from the left and right internal thoracic to epigastric arteries (A and B). In addition to coronary angiography, which showed severe coronary lesions, selective angiograms of the left and right internal thoracic arteries demonstrated total communication of these arteries to the left and right iliac arteries through the superficial epigastric arteries (Online Videos 1 and 2). Because this patient still had limb pain, bilateral axillo-femoral bypass grafting was performed, and then internal thoracic arteries were used for his coronary grafting. The internal thoracic artery is known to serve as a collateral pathway to the lower limbs (1). We suggest the reconstruction of lower limb flow if these internal thoracic arteries are used for coronary bypass grafting.

REFERENCE