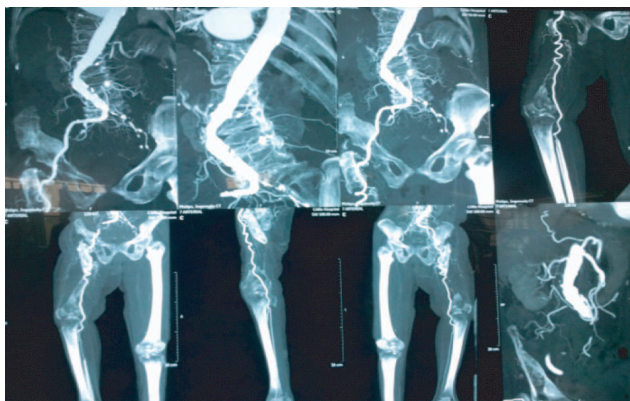


## Acute Limb Ischemia in a 95-year-old Female



A 95-year-old lady presented with nonviable left lower limb (signs of tissue loss, sensory loss and loss of motor function) with preceding history of acute onset of limb pain, numbness and progressive color change from initial pallor to mottling appearance for 8 days. She had been bedridden for more than 3 years with restricted right lower limb movement following fracture of right femur.

Her left femoral, popliteal and pedal pulses were absent, and the limb was cool and mottled with blackened sole with absent motor and sensory functions. She was diabetic and on regular insulin and found to have dyslipidemia. Angiography revealed total occlusion by partially calcified thrombus in left common iliac, left internal iliac, left external iliac, left femoral and its branches; diffuse atherosclerotic changes having calcified irregular

plaques in aorta, mainly in the infrarenal segment, the aorta was patent up to its bifurcation. Above-knee amputation was done on following day after admission with subsequent disarticulation.

Acute limb ischemia is a sudden decrease in limb perfusion that threatens limb viability and requires urgent evaluation and management.<sup>1</sup> The clinical presentation is considered to be acute if it occurs within 2 weeks after onset of symptoms. Acute limb ischemia can be caused by acute thrombosis of a limb artery or bypass graft, embolism from the heart or a diseased artery, dissection and trauma. Assessment of limb appearance, temperature, pulses (assessed by Doppler), sensation and strength are used to determine whether the limb is viable, threatened or irreversibly damaged. Prompt diagnosis and revascularization by means of catheter-based thrombolysis or thrombectomy or by surgical reconstruction reduce the risk of limb loss. Catheter-directed thrombolysis is the preferred treatment for a viable or marginally threatened limb, recent occlusion, thrombosis of synthetic grafts, and occluded stents.<sup>2</sup> Surgical revascularization is generally preferred for an immediately threatened limb or occlusion of more than 2 weeks duration. Amputation is performed in patients with irreversible damage.

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### **References**

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