

Clinical Image

Leriche Syndrome

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Abstract

Leriche syndrome is a thrombotic occlusion of abdominal aorta, extending both just above the site of aortic bifurcation and the common iliac arteries. Risk factors are hypertension, smoking, dyslipidemia, and diabetes. The symptoms include erectile dysfunction, bilateral claudication with ischemic pain. Surgical operation is usually recommended for the management.

Key word: Leriche syndrome, aortoiliac, occlusion, claudication.

A 63-year-old man with a past history of heavy smoker, hypertension, and dyslipidemia was referred to our hospital for evaluation of progressive intermittent claudication and legs numbness. Physical examination demonstrated diminished femoral pulses. Electrocardiogram showed normal. Chest PA showed no active lung lesion. Echocardiography showed normal ejection fraction without

regional wall motion abnormality. Abdomino-pelvic CT was performed that showed total occlusion from the distal abdominal aorta to the level of common iliac arteries seven years ago (Fig. 1). The patient was recommended operation. But, the patient refused it. Follow-up CT revealed no significant change of previous aortoiliac occlusive disease (Fig. 2).

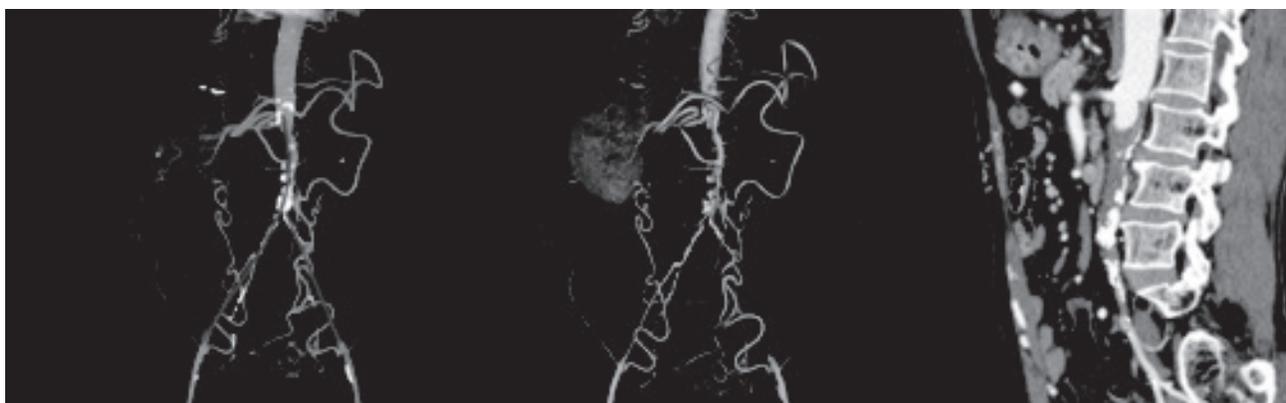


Fig 1: Total occlusion from the distal abdominal aorta to the level of common iliac arteries (red line: obstruction sites).

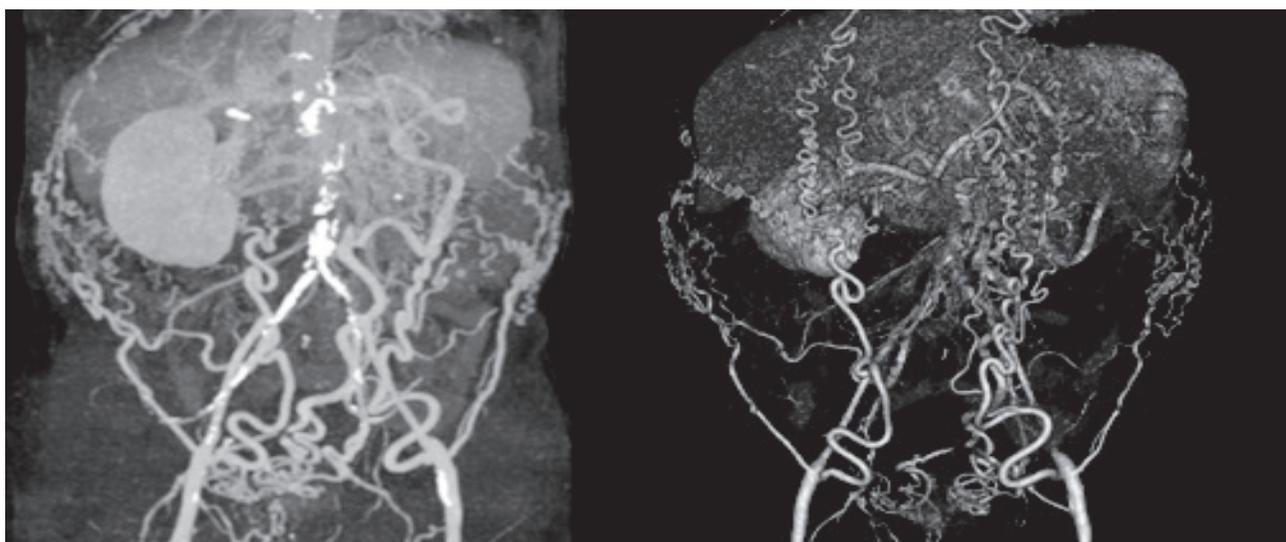


Fig 2: No significant change of previous aortoiliac occlusive disease.

The patient underwent bilateral aortoiliac bypass surgery, and was discharged without complication. Leriche syndrome is an atheromatous thrombotic occlusion of the distal abdominal aorta at the bifurcation into the common iliac arteries.^{1,2}

References

1. Leriche R, Morel A. The syndrome of thrombotic obliteration of the aortic bifurcation. *Ann Surg* 1948; 127:193-206.
2. Lee WJ, Cheng YZ, Lin HJ. Leriche syndrome. *Int J Emerg Med* 2008;1:223.