



# INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

## LERICHE SYNDROME

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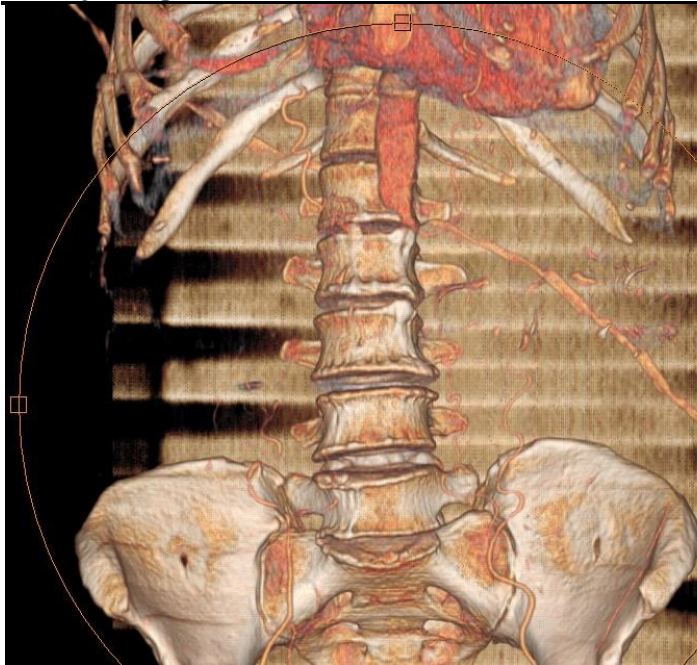
Leriche syndrome refers to complete occlusion of the abdominal aorta distal to the renal arteries and/or bilateral iliac. This condition is relatively rare and can present with deceptive clinical symptoms; however, its imaging appearance, especially on CT angiography, is distinctive.

### CASE REPORT

This concerns a 54-year-old patient, known for hypertension, presenting with diffuse abdominal pain and lower limb claudication."

These findings led to a CT angiography of the lower limbs, including an assessment of the pelvic and abdominal vessels, which showed extensive total arterial atherosclerotic occlusion of the aorto-iliac axes, consistent with Leriche syndrome grade D according to the TASC II classification.





Angioscanner of the lower limbs with study of pelvic and abdominal vessels revealed extensive total occlusion from the abdominal aorta to bilateral external iliac arteries.

## DISCUSSION

The primary etiology of Leriche syndrome is atherosclerosis, which leads to stenosis or complete occlusion of the terminal aorta and iliac arteries. Risk factors include advanced age, smoking, hypertension, diabetes, and hyperlipidemia. Aortoiliac stenosis results in reduced blood flow to the lower limbs, leading to muscular ischemia and associated clinical symptoms.

It more commonly affects males, with the average age at diagnosis around 50 years. The identification of this syndrome in a young individual should prompt the search for a specific thrombotic predisposition, such as antiphospholipid syndrome.

## Clinically :

Leriche syndrome includes thigh or hip claudication, muscle hypotrophy, femoral pulse weakness, and, in men, sexual impotence in one-quarter of cases. It can also present with deceptive symptoms, mimicking conditions such as sciatica.

## Diagnostic imaging :

Generally relies primarily on arterial angiography, which remains the gold standard due to its high-resolution evaluation of the entire vascular tree of the lower limb and the ability to perform interventional procedures. However, it is invasive. Therefore, CT angiography of the abdominal aorta and lower limbs is an advantageous alternative because it is non-invasive and allows for the

evaluation of the surrounding regions to detect other pathologies, especially in patients with multiple comorbidities.

**CT angiography** allows us to diagnose thrombosis of the abdominal aorta, determine whether it is totally or partially occlusive, and assess its extent, particularly to the common iliac arteries. Additionally, it enables evaluation of the presence and significance of any associated collateral circulation, including identifying its origin.

## Treatment :

Traditional surgical procedures for aortoiliac occlusive disease are: aortoiliac endarterectomy (TEA), aortobifemoral bypass (AFB) or axillobifemoral bypass (extra-anatomic technique); used to avoid abdominal surgery.

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