

Case	(168) Don't stop me now! it is real or an artifact?
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CASE PRESENTATION

A 30 y.o man with Friederich Ataxia and miocardial hypertrophy with septal predominance. Patient is unable to walk and stand. Denies toxic habits or drug allergies.

Patient arrives at our hospital 14 hours after clinical symptoms onset, including absence of pulses and non-fixed lividities in the lower limbs and genital area.

We performed aortic and lower extremities CTA. Findings are shown in the image attached. An ecocardiography is also performed. Due to the imaging findings, an emergent vascular surgery is performed.

DISCUSSION

Friederich's ataxia is associated with a higher incidence of heart disease, mostly hypertrophic cardiomyopathy as well as anomalies in ventricular contraction. The case we present illustrates an acute occlusion of the infrarenal aorta secondary to an embolism of cardiac origin.

Leriche syndrome or infrarenal aortic occlusion is more frequent in men over 60 years of age with atheromatous aorto-iliac disease, which usually has a less acute onset when developing collaterals. In our case, it was a patient without aortic pathology, and the occlusion was secondary to an embolism from an atrial thrombus, in which there was no development of collateral circulation, so it began as acute ischaemia of the lower limbs.

CONCLUSION

Acute aortic occlusion is a rare entity, which is associated with high rates of morbidity and mortality, so its diagnosis and early treatment is essential. CT angiography with contrast in arterial phase is very useful in the assessment of these patients with a specificity and sensitivity of 95%.



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