Acute Renal Infarction: An Atypical Presentation of Leriche Syndrome

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A 45-year-old man was admitted to our hospital due to acute abdominal squeezing with radiation to his lower back. He reported having experienced cramping pain in his hips and calves when walking over the past 4 months. He had a diminished bilateral popliteal pulse; the ankle and foot pulses were absent. The patient’s ankle brachial index (ABI) was 0.638. Computed tomography (CT) showed aortic thrombosis, a small thrombosis in the superior mesenteric artery (SMA) and right kidney infarction (Picture 1). The coronal view revealed a thrombosis from the diaphragm level to the bilateral common iliac artery (Picture 2). He was discharged on the thirteenth day after aortobifemoral bypass (AFB) and endartrectomy of the SMA.

Leriche syndrome is described as a triad of symptoms: claudication, impotence and a decreased femoral pulse (1). Measurement of the ABI, and ultrasound and CT angiography examinations are the best methods to screen patients for this condition. The traditional surgical treatments for aortoiliac occlusive disease are aortoiliac endarterectomy and AFB. Percutaneous transluminal angioplasty and stenting are alternative procedures that have also been shown to be useful treatments for such patients.

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Reference