Acute Paraplegia Revealing Leriche Syndrome

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This 61-year-old-man with a past history of heavy smoking and ischemic stroke was admitted to the emergency department because of acute non-traumatic paraplegia. At admission, he was in good clinical condition. Complete paraplegia of both legs was accompanied by sensory loss below the T10-level. Patellar and Achilles tendon reflexes were reduced bilaterally. An emergency contrast-enhanced CT-scan showed no spinal lesions but a thrombotic occlusion of the subrenal abdominal aorta was visible (arrows) and the left kidney was poorly perfused (Picture 1, 2). Rapidly, the clinical situation deteriorated and his legs were cool with absent distal peripheral pulses in both lower extremities. Despite urgent embolectomy through bifemoral arteriotomies the patient developed refractory shock with multiorgan failure. He died 2 days later in the intensive care unit.

Leriche syndrome, caused by obstruction of the infrarenal aorta, is characterized by claudication of the hip, buttocks, and thighs, diminished femoral pulses, impotence, and often pallor and coldness of the lower limbs. The acute form of this syndrome is rare. The neurological disorders in the present patient were explained by spinal cord ischemia (Adamkiewicz’s artery) (1). Vascular myelopathies, especially vascular diseases of the aorta, must be considered in acute paraplegia (1, 2).
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References
