WHEN SURGERY SAVES THE DAY: A TRICKY CASE OF CRITICAL LIMB ISCHEMIA
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CLINICAL CASE
74 years old male affected by polymyalgia rheumatica and critical left limb ischemia with digital necrosis. At the angiography: occlusion of anterior tibial and peroneal arteries, tight stenosis of posterior tibial artery (PTa) at the ankle and multiple stenosis of common plantar (CPa) and lateral (LPa) arteries, with medial plantar artery (MPa) occlusion (A).

PROCEDURE
Firstly, we performed a percutaneous transluminal angioplasty of PTa at the ankle, of CPa and of LPa, with good angiographic result (B). Five days after the procedure, clinic changed: uncontrollable pain of the forefoot, cyanosis and hypothermia occurred, associated with the complete obstruction of PTa at the ankle and CPa at the angiography (C). We tried to cross the obstructions, but after several unsuccessful attempts we decided to interrupt the procedure. Considering the presence of a good contralateral saphenous vein, a 17 millimeter CPa and critical foot clinical conditions, we performed a distal PTa to CPa bypass (D) and simultaneous forefoot amputation (F). Angiographic check showed the patency of bypass and no anastomotic defects (E).

FOLLOW-UP
The patient was treated with iv heparin at therapeutic dose for 20 days. At 6 months forefoot amputation had healed (G) and the bypass had remained patent (G).

CONCLUSIONS
In the era of endovascular treatment of infrapopliteal arterial disease, the role of distal bypasses remains fundamental for limb salvage, especially in case of patency of pedal arteries and concomitant steno-obstructions of ankle arteries that cannot be treated by endovascular means. This demonstrates that surgical approach can be crucial for limb salvage in such kind of arterial lesions.

REFERENCES