Left lower limb monoplegia as the first presentation of penetrating atherosclerotic ulcer (PAU) of descending aorta: A rare and challenging case who underwent TEVAR
Disclosure

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*I have no potential conflict of interest
• A 65-year old man without history of atherosclerotic diseases, experienced abrupt chest pain with radiation to back before referring to our hospital.

• He ignored his chest pain until monoplegia of left lower limb occurred 2 hours after his chest pain;

• Therefore, the patient referred to our hospital where for the first time aortic dissection was suspected.
• His past history was unremarkable except smoking (40 pack/year), known case of COPD

• Physical examination was unremarkable except for muscle force of left lower limb that was 0/5 from proximal to distal.
First of all, medical management including control of hypertension was commenced.

The patient underwent aortic CT angiography and trans-esophageal echocardiography (TEE):

Both of them showed penetrating atherosclerotic ulcer (PAU) of descending aorta distal to origin of left subclavian artery with a flap /clot along it;
• Brain and spinal cord MRI was performed according to neurology consultation which showed no significant lesion.

• Coronary angiography: mild 2VD which was candidate for medical treatment

• Altogether, regarding to symptomatic PAU of descending aorta, the patient was candidate for TEVAR which was accomplished soon after the diagnosis.
Stent graft (30 mm*80 mm)
Injection of aortic arch showed no endoleak with acceptable final result
• Patient had no significant complaint and was discharged in good condition 2 days later.

• The patient was visited 3 weeks later; he had no significant complaint; the muscle force of left lower limb improved from distal to proximal.

• We presented a patient with monoplegia of left lower limb as the main complaint. To our knowledge, this clinical presentation is so rare.
Algorithm proposed by the authors for the management of penetrating atherosclerotic ulcer (PAU) of the thoracic aorta.

Thank You
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