Lower extremity arteriosclerosis obliterans with gangrene

Zhao-Wen Zhang^{1,2}, Wei Liu^{1,2}

¹Department of Gastroenterology, Yichang Central People's Hospital, Yichang 443000, China; ²Institute of Digestive Disease, China Three Gorges University, Yichang 443000, China

Correspondence to: Wei Liu, PhD. Institute of Digestive Disease, China Three Gorges University, 8 Daxue Road, Yichang 443000, China. Email: liuwei@ctgu.edu.cn.

Received: 26 January 2020; Accepted: 12 February 2020; Published: 25 June 2020. doi: 10.21037/amj.2020.03.02

View this article at: http://dx.doi.org/10.21037/amj.2020.03.02

A 77-year-old woman with newly diagnosed and well controlled type 2 diabetes and hypertension presented to the emergency department with sudden weakness in the right limb and aphasia. Her temperature was 36.7 °C, his pulse 80 beats per minute, and her blood pressure 157/95 mmHg. CT scan showed cerebral infarction in the left fronto-parietal lobe. However, the physical examination was notable for necrotic-appearing tissue in the left ankle, with absent pulsation of dorsal pedal artery and low skin temperature. Ultrasonography showed patency of vein but occlusion of left popliteal artery. Two months later, the whole limb became black, dry, gangrene and ulcer (Figure 1). A diagnosis of Lower Extremity Arteriosclerosis Obliterans (ASO) with Gangrene was made. ASO is a rare, chronic, often destructive, degenerative arterial disease in which atherosclerotic plaque and cholesterol deposition cause stenosis, thrombosis or occlusion of the lumen, accompanied by insufficient blood supply to the distal limbs, eventually resulting in ulceration and gangrene (1,2). After a discussion of treatment options with the patient and her family, the decision was made not to pursue surgery. Goals of care were transitioned to focus on the patient's comfort, and she died several days later.

Acknowledgments

Funding: This work was supported by National Natural Science Foundation of China (No.31600134).

Footnote

Conflicts of Interest: Both authors have completed the ICMJE uniform disclosure form (available at https://amj.



Figure 1 Lower extremity arteriosclerosis obliterans with gangrene.

amegroups.com/article/view/10.21037/amj.2020.03.02/coif). The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All procedures performed in this study were in accordance with the

Declaration of Helsinki (as revised in 2013). Written informed consent was obtained from the patient for publication of this "Images in Clinical Medicine". Ethical approval for publication this image is waived by the ethics committee.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the noncommercial replication and distribution of the article with

doi: 10.21037/amj.2020.03.02

Cite this article as: Zhang ZW, Liu W. Lower extremity arteriosclerosis obliterans with gangrene. AME Med J 2020;5:23.

the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: https://creativecommons.org/licenses/by-nc-nd/4.0/.

References

- Warkentin TE. Ischemic Limb Gangrene with Pulses. N Engl J Med 2015;373:642-55.
- 2. Huang CS. Fournier's gangrene. N Engl J Med 2017;376:1158.