Endovascular Management of Focal Aortic Lesion in Arteritic Patients

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**Methods:** a case series 4 male patients (39-48) yrs old smoker hypertensive presented with trash right foot (cyanotic big toe) 3 cases or rest pain 1 case in acute onset with history of short distance claudication.

On examination weak bilateral femoral pulse with Doppler flow on distal foot with ankle brachial index on right side (0.3-0.6) and left (0.45-0.6) no abdominal aneurysm or peripheral aneurysms by U/S.

CT angiography revealed localized aortic stenotic lesion with ulcer embolizing infrarenal less than 4 cm length.

**Laboratory investigations:** ESR elevated (70-90), CRP elevated, +ve ANA 2 cases, +ve Rheumatoid factor 1 case, weak +ve lupus anticoagulant 1 case.

Treatment plan: starting anti coagulation with cover of steroids and immunosuppressive treatment then endovascular management after decrease of ESR and CRP through cut down on RT CFA and percutaneous on LT side after passing through the lesion and control angiography, insertion of wall stent 18*9 through RT access and ballooning of stent and angiogram. Regained femoral pulse bilateral with intact pedal pulsations.

**Conclusion:**
- Endovascular management of focal aortic lesions is feasible with low morbidity and mortality compared to surgery, still the surgery is gold standard and has long patency but has a higher morbidity and mortality with arteritic patients.