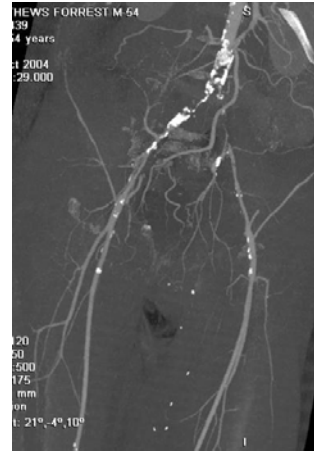


LERICHE SYNDROME by CTA and MRA



CTA 1



CTA 2



CTA1



MRA1



CLINICAL PRESENTATIONS: The above images are part of CTA and MRA run-off studies performed at AIC's 16-slice CT. The images labeled CTA1 are CT Angio runoff images belonging to **Patient #1** referred by **Dr. Choudhary***. Image labeled MRA1 is an MRA runoff scan belonging to **Patient #2**. The two images on the right labeled CTA2 are CTA runoff scans belonging to **Patient #3** referred by Dr. Choudhary and **Dr. Mihir Patel***. All these patients presented with symptoms of claudication. Patient #2 also presented with abdominal pain, weight loss, and possible ischemic bowel.

FINDINGS: All the above images have one finding in common: **OCCLUSION AT AND ABOVE THE AORTIC BIFURCATION**. Collateral formation through the mesenteric and lumbar arteries may be seen reconstituting the lower extremity arteries. Image MRA1 also showed severe stenosis / occlusion of SMA.

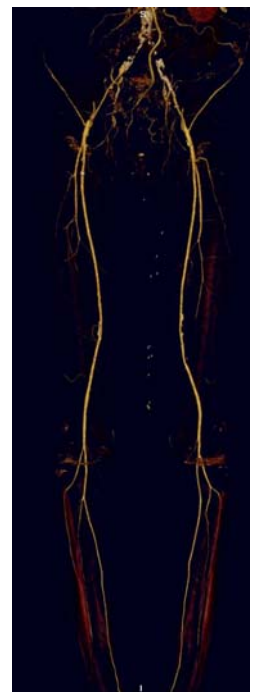
DIAGNOSIS: These findings are consistent with **Leriche Syndrome (LS)**. This condition was first described by Robert Graham in 1814 and later Leriche operated on one in 1940. LS is a process associated with chronic lower limb ischemia and a specific symptom complex characterized by intermittent claudication in the buttocks and thighs, pale cold legs, impotence, and absent femoral or other distal pulses. Usually the condition affects males 35 to 60 years old. The pathologic finding is a progressive atherosclerotic lesion in the wall of the abdominal aorta with superimposed thrombosis and ultimate occlusion. Multislice spiral CT angiography (CTA) or Contrast-enhanced MR Angiography (CE-MRA) allow acquisition of a large anatomic area in a very short period of time and are useful for preoperative evaluation to demonstrate the level of proximal arteries available for grafting.

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CTA2