Extreme common iliac tortuosity in a patient with repeated unilateral distal embolization

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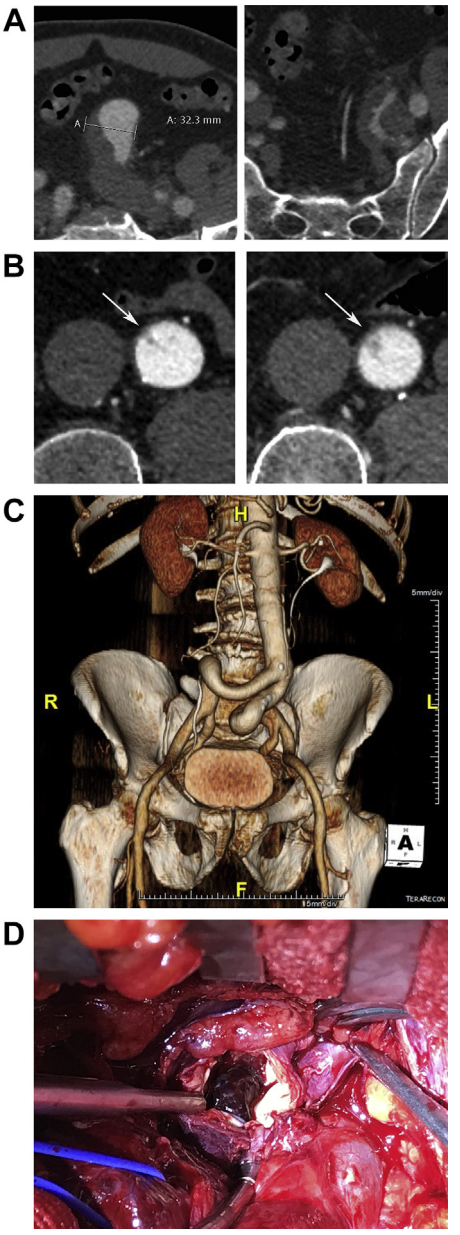
A 69-year-old runner presented with persistent left lower extremity short distance claudication 1 month after initial acute onset, which included left foot pain that resolved over 2-3 days. His past medical history was significant for atrial fibrillation, for which he declined anticoagulation. Transthoracic echocardiogram revealed no cardiac thrombus, but a computed tomographic angiogram of the abdomen/pelvis and lower extremities revealed an occluded left popliteal artery, as well as bilateral common iliac aneurysms with prominent intraluminal thrombus within the left common iliac aneurysm (*A*, left) and the hypogastric artery (*A*, right). He was treated with open popliteal artery thrombectomy. The pathology report noted "organizing thrombus." He was subsequently anticoagulated with Warfarin and later switched to a Xa inhibitor.

He presented again a year later with a nearly identical history over the course of 3 weeks, which was preceded by a few missed anticoagulation doses. In addition, he now had a small ulceration on his left fifth toe. Repeat computed tomographic angiogram showed stable aortic ectasia at 27 mm but, on careful examination, there was a distal aortic filling defect (*B*, left), which had decreased in size from the prior examination (*B*, right), possibly because it had embolized and was our source. The left common iliac artery had persistent intraluminal thrombus, although the left hypogastric thrombus had partially resolved. Influenced by his impressive iliac tortuosity (*C*/Cover), we made the decision to take the patient for open aortoiliac reconstruction as opposed to endovascular repair. His foot wound healed before his surgery date, obviating the need for bypass. We replaced his infrarenal aorta and common iliac arteries with a bifurcated Dacron graft. There was minimal thrombus and no significant atherosclerotic plaque within the distal aorta and an unstable subacute thrombus within the left common iliac artery (*D*). He is now well-healed and without critical limb ischemia or recurrence. We obtained signed consent from the patient for this publication.



DISCUSSION

Distal embolization is relatively rare from aortic aneurysms representing 5% of patients presenting for repair.[1] Distal embolization from iliac aneurysms is not well-reported in the literature.

REFERENCE

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