

Common Things Can Be Uncommon - A Case Report

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Introduction

Infrarenal abdominal aortic stenosis is a rare phenomenon that can occur in young women with h/o smoking and hyperlipidemia. The purpose of this case report is to highlight the importance of evaluating for arterial insufficiency at bedside in a young female patient with history of smoking.

Case Description

A 42-year-old lady, poorly controlled insulin requiring diabetes mellitus with a recent HgbA1c of 8.2, tobacco smoker, anxiety, fibromyalgia, necrobiosis lipoidica, with prior skin grafts came to the wound clinic as a new patient after recent hospital discharge for non-healing bilateral lower extremity wounds for 2 months duration and pain. She was treated as infected venous stasis ulcers in the hospital and was discharged on doxycycline. She reported significant pain and unable to sleep and was tearful. Her review of systems was significant for shortness of breath on minimal exertion and pain in her lower extremities.

Examination revealed purplish discoloration and mottling along with feeling cold in both feet, bilateral pitting pedal edema, several wounds in both legs with areas of black eschar and slough noted in wounds. Femoral pulses were not palpable, but dopplerable with multiphasic signal. Dorsalis Pedis and Posterior Tibial arteries were not palpable and had feeble monophasic signal.

Arterial dopplers done from recent hospitalization showed **monophasic flow noted throughout both the lower extremity arterial system suggestive of proximal arterial occlusive disease**. ABIs were not done due to pain and inability to tolerate at that time. Patient was admitted to the hospital after consultation with vascular team. **CT angiogram pelvis with run off** was done which showed **focal high-grade narrowing of the infrarenal abdominal aorta without occlusion**. Echo revealed 20-25% EF and LHC revealed 90% block in LAD which explained her symptoms of dyspnea.

Endograft to aorta was placed with immediate restoration of color to the extremities. She also had PCI done to LAD with drug eluting stent.

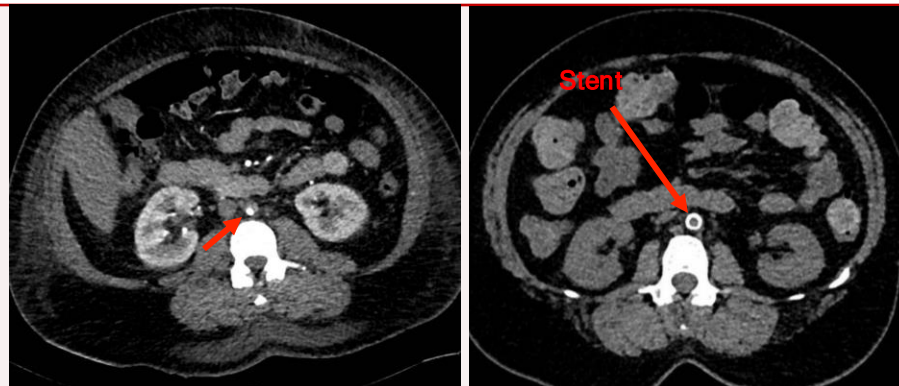
Wounds on initial visit



After Revascularization -Immediate restoration of color



Axial cuts showing Aorta before and after stent



CT Angiogram Pelvis with run off showing high-grade aortic narrowing



Discussion

Infrarenal abdominal aortic stenosis is a rare phenomenon that can occur in young women with **h/o smoking and hyperlipidemia**. Atherosclerotic stenosis of the infrarenal aorta in patients younger than 50 years is **primarily a disease of women**. While we expect peripheral arterial disease in such a clinical scenario, this type of aortic stenosis is rare, and clinician should have a high degree of suspicion in a young female patient with h/o smoking. The high prevalence of this condition among females is attributed to the **relatively smaller caliber of the aorta** when compared to males.

In this case, patient's h/o necrobiosis lipoidica was misleading. Necrobiosis Lipoidica usually starts as a painless plaque. About one-third of these lesions can ulcerate. Pretibial region is the most common area of this condition. Characteristic atrophy and visible underlying vasculature are features of necrobiosis lipoidica.

ABI and bedside dopplers are valuable tools. When in doubt, timely consultation with vascular surgery is important. As mentioned earlier, the doppler study pointed us towards proximal block.

References

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