Acute Leriche Syndrome In A Young Female: First Manifestation Of Atherosclerosis
Mihir Barvalia M.D., Jana Mckenzie M.D., Lilia Tcharnaia M.D., Marc Cohen M.D., Najam Wasty M.D.
Newark Beth Israel Medical Center, Newark, NJ

Introduction
Advancing age, diabetes mellitus, smoking and dyslipidemia are major risk factors for peripheral artery disease (PAD). Mild PAD may be asymptomatic or cause intermittent claudication; severe PAD may cause rest pain with skin atrophy, hair loss, cyanosis, ischemic ulcers, and gangrene. We encountered a case of a young female with total occlusion of abdominal aorta as the first manifestation of atherosclerosis.

Case Description
A 48-year-old African American woman with long standing history of systemic hypertension presented to ER with bilateral leg pain for 1 month. Pain was described as burning, radiating from buttocks to calves, exacerbated with walking and associated with tingling and numbness. Upon initial evaluation she was discharged from ER with diagnosis of sciatica. She returned 1 month later with excruciating pain along with blood pressure 188/101 mm Hg and heart rate 109 beats per minute. Examination revealed purplish red discoloration of skin in both lower extremities below hip joint suggestive of livedo reticularis. They were also cold to touch with absent femoral pulses bilaterally.

Lipid panel is as shown in the table on right. Creatinine was 1.95 mg/dl and creatine kinase was elevated at 11,875 unit/L. She underwent CT abdomen with contrast which showed complete occlusion of infrarenal abdominal aorta about 5 cm above the common iliac artery bifurcation with no collateral vascularity and atherosclerotic mural calcifications in thoracic and abdominal aorta (coronal and sagittal images).

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<th>Total Cholesterol</th>
<th>Apo B</th>
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<th>Lp (a)</th>
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<td>254 mg/dl</td>
<td>136 mg/dL</td>
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<td>231 mg/dL</td>
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Case Description
She then underwent aortic thrombectomy and aorto-bifemoral bypass with grafting. Following surgery, patient had no leg pain and was discharged home on statin and anti-hypertensive drugs.

Conclusion
PAD often goes undetected in clinical practice. Even asymptomatic PAD patients have a high mortality. As this case demonstrates, severe PAD can be an initial manifestation of hypercholesterolemia and atherosclerosis in a female. Fortunately, our patient had an excellent outcome despite the delay in diagnosis. In conclusion, Leriche syndrome should be promptly diagnosed and treated.

Disclosures
All authors report no financial disclosures.