

CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

Vascular Diseases Quiz – Case 67

A 69-year-old female presented with progressive back pain radiating to her left leg, exacerbated during ambulation. Her medical history included hypertension, diabetes mellitus, hypercholesterolemia, paroxysmal atrial fibrillation, and glaucoma. She was a non-smoker. Referred by an orthopedic specialist, X-rays of her pelvis and lumbar spine revealed arthritic bone lesions and calcification of the iliac arteries (fig. 1).

What is the most probable diagnosis?

Comment

The likely diagnosis involves intermittent claudication, often challenging to discern in older individuals due to their tendency to downplay symptoms. When questioned about walking distances or pain during ambulation, their responses often minimize or attribute discomfort to aging-related factors. Additionally, pre-existing lumbar spine arthritis in the elderly and initial diagnoses of back or leg pain as lumbago or sciatica by physicians further complicate the diagnosis.

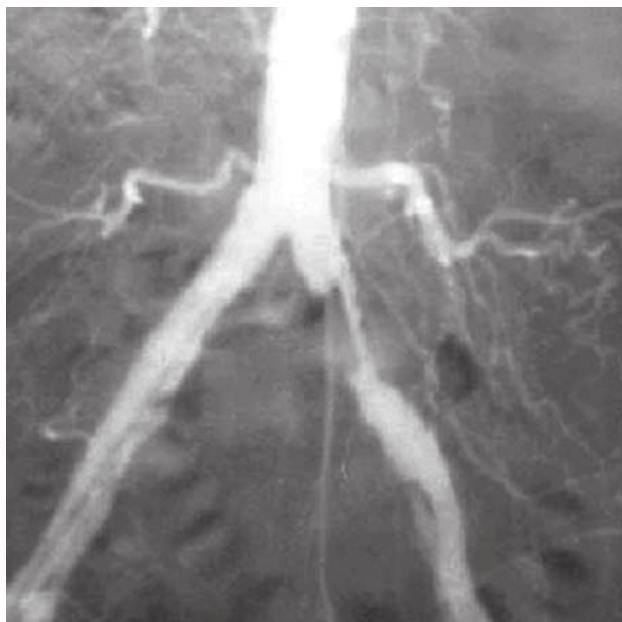


Figure 1.

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ΑΡΧΕΙΑ ΕΛΛΗΝΙΚΗΣ ΙΑΤΡΙΚΗΣ 2024, 41(3):432

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While considering the aforementioned conditions, attention to potential vascular issues is crucial. Precise inquiries about pain while seated or standing and the ability to walk without interruption are necessary. Close observation of the pain's location – whether in joints (knee, hip) or muscles (calf, buttock) – is vital. The Western lifestyle, often reliant on transportation, may necessitate walking alongside the patient to detect claudication.

Patient medical histories often offer insights into co-existing conditions linked to atherosclerosis. Studies connect arterial hypertension, elevated cholesterol, and diabetes mellitus in a cycle damaging arterial endothelium.

Patients with vascular concerns frequently present with lumbar spine imaging, inadvertently revealing calcified arteries. Clinical examinations evaluating pulse presence at various arteries are crucial, followed by color duplex ultrasound and computed tomography (CT) angiography for precise evaluation and measurements, essential for potential angioplasty.

In the 21st century, an endovascular approach is typically the primary intervention. In this case, a high-grade left common iliac stenosis was managed with a balloon-expandable stent.

References

1. SIMON RW, SIMON-SCHULTHESS AS, AMANN-VESTI BR. Intermittent claudication. *Br Med J* 2007, 334:746
2. POZNYAK A, GRECHKO AV, POGGIO P, MYASOEDOVA VA, ALFIERI V, OREKHOV AN. The Diabetes Mellitus-Atherosclerosis Connection: The role of lipid and glucose metabolism and chronic inflammation. *Int J Mol Sci* 2020, 21:1835

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Diagnosis: Intermittent claudication