## **Juxtarenal Leriche Syndrome**

## Jukstarenal Leriche Syndrome

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Department of Cardiology, Ordu University Faculty of Medicine, Ordu; \*Department of Radiology, Ordu University Faculty of Medicine, Giresun Leriche Syndrome is an uncommon variant of atherosclerotic occlusive disease, and is characterised by total occlusion in the abdominal aorta and/or both iliac arteries. Chronic abdominal aortic occlusion can extend as far as the renal arteries, causing juxtarenal aortic occlusion, also known as Leriche Syndrome. A

60-year-old female patient was admitted to the emergency department with claudication. On admission, her physical examination was unremarkable except for a decreased femoral artery pulse. Increased cardiothoracic ratio and mild calcification on the wall of the aortic arch and descending aorta were observed in the thoracic computed tomography (CT) angiogram. Calcified plaque was present in the abdominal aorta just below the renal artery, and complete thrombotic

occlusion of the abdominal aorta was observed in the abdominal CT angiogram. The abdominal aorta at the distal segment of the blocked segment and main iliac ar-



teries were completely occluded by the thrombus, and mild calcified plaques were observed on the abdominal CT angiogram (Fig. A). The celiac trunk, superior mesenteric artery (SMA) and right renal artery were clear. Certain collaterals were present between the left superior colic branch of the inferior mesenteric artery (IMA) and middle colic artery and jejunal artery branches of the SMA. The internal/external iliac arteries and the superficial femoral artery/deep femoral artery both had a mild obstruction. Moreover, vascular anastomosis was identified and observed between the bilateral internal mammary arteries and main femoral arteries, between the lower intercostal arteries and internal iliac arteries, and between the lumbar arteries and internal iliac arteries on the abdominal CT angiogram with maximum intensity projection reconstructions (Fig. B). With all these findings, this case was diagnosed as juxtarenal Leriche Syndrome.





**Figures**– (A) Abdominal CT angiogram showing complete occlusion of aorta by a hypodense thrombus just below the renal artery. (B) Abdominal CT angiogram with maximum intensity projection reconstructions showing bilateral vascular anastomosis between internal mammarian arteries and main femoral arteries (yellow arrows), between lower intercostal arteries and internal iliac arteries (red arrow), and between lumbar arteries and internal iliac arteries (green arrow).