

## Digital necrosis secondary to brachiocephalic artery stenosis

### Brakiyosefalik arter stenozuna sekonder dijital nekroz

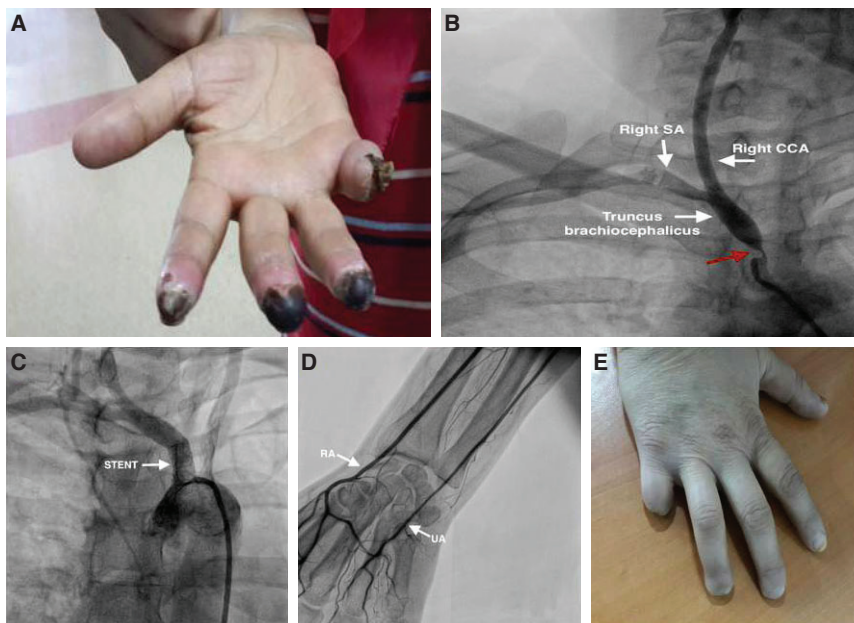
Abdulrahman Naser  
Muzaffer Kahyaoğlu  
Çetin Geçmen  
Khagani İsgandarov  
Cevat Kıрма

Department of Cardiology,  
Kartal Kosuyolu Heart and  
Research Hospital, İstanbul,  
Turkey

A 39-year-old female presented with severe pain and digital necrosis in her right hand. No pulse was detected in her right radial or ulnar arteries, and her fifth finger had been amputated from its distal phalanx (Figure A). She was a smoker (18 pack-year) and had history of acute coronary syndrome and stent implantation. Echo-

cardiography revealed depressed left systolic function without thrombosis in the heart with normal sinus rhythm. She was examined by the rheumatology and hematology departments and further laboratory tests were performed. All of the above mentioned laboratory investigations resulted in either normal or negative findings. Clopidogrel 75 mg, acetylsalicylic acid

100 mg, ramipril 5 mg, furosemide 40 mg, spironolactone 25 mg, rosuvastatin 20 mg, and metoprolol 50 mg treatment was initiated. Angiography revealed 98% percent occlusion of the brachiocephalic artery without any antegrade collateral flow (Figure B). Percutaneous peripheral intervention was performed and balloon-expandable 8x19 mm stent was implanted in her brachiocephalic artery (Figure C). Both radial and ulnar arteries were patent in post-intervention angiography (Figure D). Soon after revascularization, her complaint of pain progressively improved and other signs of necrosis were resolved (Figure E). She had no symptoms and her fingers were completely normal at her sixth-month visit. Physicians should be aware that in case of ischemic symptoms at distal edges of an extremity, even in presence of necrosis, after exclusion of Buerger's disease and vasculitis, angiography should be performed and time for healing after revascularization should be allowed before amputation is undertaken.



(A) Digital necrosis in the fingers and fifth finger amputated from its distal phalanx. (B) Angiography of upper right extremity shows 98% occlusion of the brachiocephalic artery. (C) Balloon-expandable 8x19 mm stent was implanted in the brachiocephalic artery. (D) Angiography shows patency of both radial and ulnar arteries. (E) After revascularization, necrosis was resolved. CCA: Common carotid artery; RA: radial artery; SA: subclavian artery; UA: ulnar artery.