

Complete Aortic Occlusion

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Introduction: Complete occlusion of the infra-renal abdominal aorta is a rare condition that can occur due to new thrombus formation on an atherosclerotic plaque in the aorta or due to a thromboembolic event or dissection.

Case: A 79-year-old male presents to the ER with acute onset of bilateral lower extremity weakness, cyanotic feet, urinary and bowel incontinence. The patient reports that he had stopped taking his clopidogrel yesterday for an excisional lip biopsy but had no concerns post-procedure. He went to bed normally around 2100, and his wife found him sitting upright in bed around 0130 unable to move his bilateral lower extremities as well as an episode of urinary and bowel incontinence. Denies chest pain, shortness of breath, back pain, recent travel or any other symptoms. The patient was started on a continuous heparin infusion and taken to the cath lab for emergent thrombectomy.

Discussion: Complete occlusion of the infra-renal abdominal aorta is a rare condition and this diagnosis requires emergent consultation to a cardiac/vascular service for embolectomy, percutaneous transluminal angioplasty, or surgical bypass. Risk factors include history of atrial fibrillation, prior cardiac surgery, myocardial infarction, cardiomyopathy, heavy tobacco use, history of thrombosis/thromboembolic events, and dyslipidemia. Patients with an acute abdominal aortic occlusion can present with pain, pallor in lower extremities, loss of peripheral pulses, or lower extremity coolness. They can also present with sensory or motor deficits. The presence of neurologic symptoms significantly increases mortality. In this case, the patient had lower extremity motor and sensory deficits as well as incontinence and decreased perineal sensation. These symptoms are also consistent with cauda equina syndrome, thus it is important to take a thorough history and keep a high index of suspicion for vascular conditions in patients with known risk factors.



