



THE ANNALS OF THORACIC SURGERY



Aorto-Bilateral-Femoral-Bilateral-Popliteal Bypass for Leriche Syndrome With Occlusion of Both Superficial Femoral Arteries

Zan Mitrev, Lidija Veljanovska and Nikola Hristov

Ann Thorac Surg 2009;88:683

DOI: 10.1016/j.athoracsur.2008.11.006

The online version of this article, along with updated information and services, is
located on the World Wide Web at:

<http://ats.ctsnetjournals.org/cgi/content/full/88/2/683>

The Annals of Thoracic Surgery is the official journal of The Society of Thoracic Surgeons and the Southern Thoracic Surgical Association. Copyright © 2009 by The Society of Thoracic Surgeons.
Print ISSN: 0003-4975; eISSN: 1552-6259.

Aorto-Bilateral-Femoral-Bilateral-Popliteal Bypass for Leriche Syndrome With Occlusion of Both Superficial Femoral Arteries

Zan Mitrev, MD, Lidija Veljanovska, MD, and Nikola Hristov, MD

Special Hospital for Surgery "Filip Vtori," Skopje, Macedonia



Fig 1.

A 68-year-old man, who is a smoker with hypertension and hyperlipidemia, presented in our hospital with rest pain in both calves. His symptoms started 1 year prior with short distance walking pain in both legs. Preoperative work up discovered Leriche's syndrome with occlusion of both superficial femoral arteries, as shown on the 64-slice computerized tomographic scan (Fig 1). Operative treatment included aorto-bilateral femoral bypass, using 16/8 mm Dacron (Edwards

Address correspondence to Dr Hristov, PZU "Filip Vtori," Skopje, 1000, Macedonia; e-mail: hristov@cardiosurgery.com.mk.



Fig 2.

Lifesciences, Irvine, CA) Y-graft, anastomosed termino-terminal to the aorta and latero-lateral to both common femoral arteries. The excess 8-mm tube grafts were cut, and the procedure continued with termino-lateral anastomosis using an 8-mm Dacron tube graft (Edwards Lifesciences) on the popliteal artery, then connecting the distal tube graft with the proximal tube graft on the femoral level using termino-terminal anastomosis. The same operative steps were repeated for the other leg. His postoperative stay was uneventful. He was discharged home 7 days later. A follow-up 64-slice computerized tomographic scan (Fig 2) of the aorto-bilateral-femoral-bilateral-popliteal bypass.

Aorto-Bilateral-Femoral-Bilateral-Popliteal Bypass for Leriche Syndrome With Occlusion of Both Superficial Femoral Arteries

Zan Mitrev, Lidija Veljanovska and Nikola Hristov

Ann Thorac Surg 2009;88:683

DOI: 10.1016/j.athoracsur.2008.11.006

Updated Information & Services

including high-resolution figures, can be found at:
<http://ats.ctsnetjournals.org/cgi/content/full/88/2/683>

Subspecialty Collections

This article, along with others on similar topics, appears in the following collection(s):

Peripheral vascular

http://ats.ctsnetjournals.org/cgi/collection/peripheral_vascular

Permissions & Licensing

Requests about reproducing this article in parts (figures, tables) or in its entirety should be submitted to:

<http://www.us.elsevierhealth.com/Licensing/permissions.jsp> or
email: healthpermissions@elsevier.com.

Reprints

For information about ordering reprints, please email:
reprints@elsevier.com



THE ANNALS OF THORACIC SURGERY

