Occlusion of Both Superficial Femoral Arteries

Aorto-Bilateral-Femoral-Bilateral-Popliteal Bypass for Leriche Syndrome With

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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 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.