

Mass General Brigham

## The History And Physical Examination Matters And Guides The Workup

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## Case JP

Indication: RLE CLTI

H&P JP, MRN 8159664

**HPI:** 82M with hx bilateral popliteal artery aneurysms s/p ligation and bilateral LE bypasses at OSH, R IIA aneurysm s/p stent (4/2024) who presented 10/31 with 6 days of worsening severe RLE claudication with intermittent rest pain

**PMH**

- Infrarenal AAA
- Bilateral popliteal artery aneurysms
- Bladder CA in situ
- HTN
- R IIA aneurysm
- PAD

**PSH**

- Ligation of left popliteal aneurysm and LAK pop to PT bypass w/ GSV (9/2015, OSH)
- Ligation of right popliteal aneurysm and R fem-distal bypass w/ RUE basilic vein (3/2016, OSH)
- R IIA stent (4/2024)
- Robotic partial L nephrectomy (2019)
- TURBT (2023)

**Soc Hx**

- Former 32py smoker

**Meds**

- ASA 81
- Atenolol
- Finasteride
- Tamsulosin
- PPI

**Labs**

- Hgb 13.6, WBC 6.3, Plt 151, Cr 1.0, lactate 0.6

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**Exam**

- AF VSS
- Motor/sensory intact BLEs
- Pulses:
  - Palpable femoral pulses bilaterally
  - RLE: weak monophasic AT signal
  - LLE: biphasic DP/PT signals

**ABIs**

- R 0.58, toe pressure 0
- L ABI NC, toe pressure 48mmHg (TBI 0.35)

Imaging: CTA with BLE runoff 10/31/24

- RLE: Occluded popliteal\*\* bypass graft
  - 3x runoff
  - R fem, medial condyle, tibial plateau fx
- LLE: no vessel injury, 3x runoff
  - L patellar, proximal tib/fib fx

OR #1 11/2/24

**Operation:** aortogram, RLE angiogram, recanalization and 6mm DCBA of R SFA, lysis catheter placement

**Findings:** Patent aorto iliac system. Total occlusion of R distal SFA/pop and bypass graft. Unable to cross thrombosed BPG. 6mm DCB of SFA from femoral bifurcation to adductor canal. Lysis catheter placed at distal SFA. Patent TPT w/ 2v runoff via AT and peroneal.

### OR #2 11/3/24

**Operation:** RLE lysis check and catheter exchange

**Findings:** hood of the previously thrombosed distal SFA to popliteal bypass graft was open. However the graft itself was still thrombosed with sluggish flow proximally. Re-wired lysis catheter into bypass graft ending in R PT artery. Completion angio w/ multiple areas with embolized thrombus and no named inline vessels to the foot.



### OR #3 11/3/24

**RTOR due to L groin hematoma, Hgb drop by 2, and decreasing fibrinogen to 163**

**Operation:**

- RLE angiogram
- Shockwave IVL of R SFA
- DCBA and Eluvia DES to entire R SFA
- Removal of lysis catheter

**Findings:** brisk flow through the previously occluded graft. There was two vessel run off to the foot. We then used shock wave to shockwave lithotripsy the entire SFA that was severely calcified and then placed eluvia drug eluting stents along the entire SFA. Distally we balloon angioplastied the popliteal with a 5mm DCB. We then performed a completion angiogram which showed brisk flow throughout the leg. Perclosed L CFA access



### Postoperative course

POD1 hematuria in setting of recent bladder CA and lysis, urology consulted

Otherwise uneventful, DC'd POD2

