

ARTERIAL STENOSIS AND OCCLUSION Cause and effect

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Peripheral arterial stenosis or occlusion is predominantly caused by atherosclerosis and/or thromboembolic disease, but may also occur as a result of trauma. Stenosis or occlusion produces symptoms and signs that relate to the organ supplied by the artery: e.g. lower limb – claudication, rest pain and gangrene; brain – transient ischaemic attacks (TIAs) and stroke; myocardium – angina and myocardial infarction; intestine – abdominal pain and infarction (61.1). The severity of the symptoms relates to the size of the vessel occluded and whether the stenosis or occlusion occurs suddenly (acute) in a previously normal artery or gradually (chronic) with progressive narrowing of the artery over time. In chronic stenosis symptoms may be abated despite being affected by significant steno-occlusive disease as a result of Claudication from the Latin ‘claudicare’ – to limp. The Roman emperor Claudius (10 /uni00A0 the development of a collateral circulation that provides an alternative, albeit less effective, route for blood to reach the target tissue/organ (Figure 61.2). - Figure /b.sc/c.sc/e.sc to 54 /uni00A0 /c.sc/e.sc) walked with a limp, which was possibly due to poliomyelitis.

The nature and presentation of aneurysmal disease, • including the abdominal aorta and popliteal artery The investigation and treatment options for aneurysmal • disease The arteritides and vasospastic disorders • CA Aorta SMA Figure 61.1 Antegrade aortogram via retrograde brachial artery access demonstrating superior mesenteric artery stenosis (arrow). CA, coeliac artery; SMA, superior mesenteric artery.

CFA PA PFA Figure 61.2 (a) Digital subtraction angiogram from the common femoral artery (CFA) demonstrating a /f_l ush right super /f_i cial femoral artery occlusion (arrow). (b) Reconstitution of the popliteal artery (PA) at the adductor hiatus via collateral /f_l ow from the profunda femoris artery (PFA) via the geniculate arteries (arrows).

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