



ACUTE LIMB ISCHAEMIA

DR ARUNA WEERASURIYA

VASCULAR AND TRANSPLANT SURGEON

NCTH-RAGAMA

- 64 YR OLD MALE WITH PREVIOUS HISTORY OF HEART ATTACK CAME TO CASUALTY WITH C/O SUDDEN ONSET OF PAIN IN THE RIGHT LEG BELOW THE KNEE.

- ON EXAMINATION....





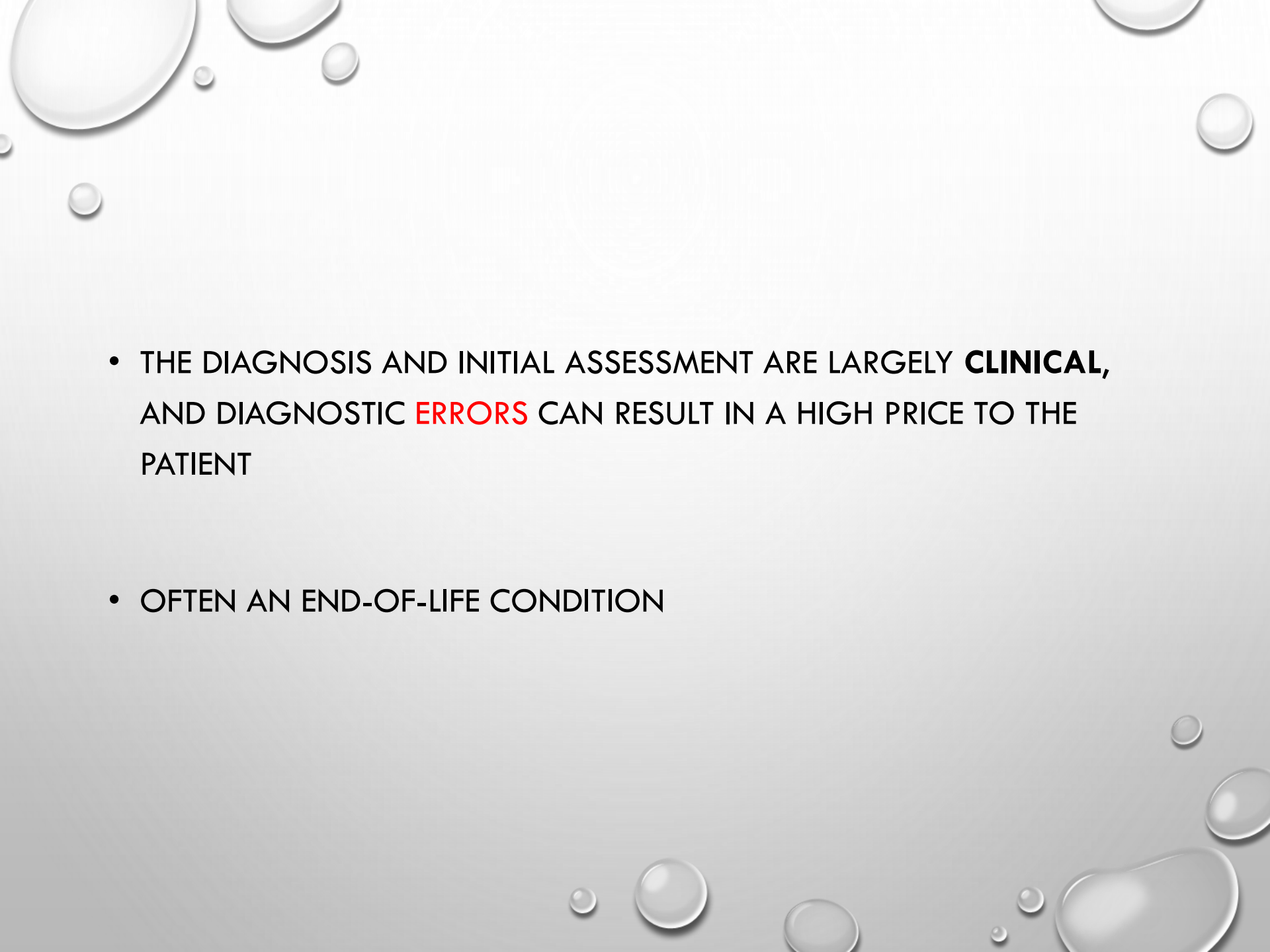
CLINICALLY...

- *ABSENT POPLITEAL AND LOWER PULSATIONS*
- *DECREASED SENSATIONS*
- *INABILITY TO MOVE TOES*

ACUTE LIMB ISCHAEMIA



result of a sudden deterioration in the arterial supply to the limb

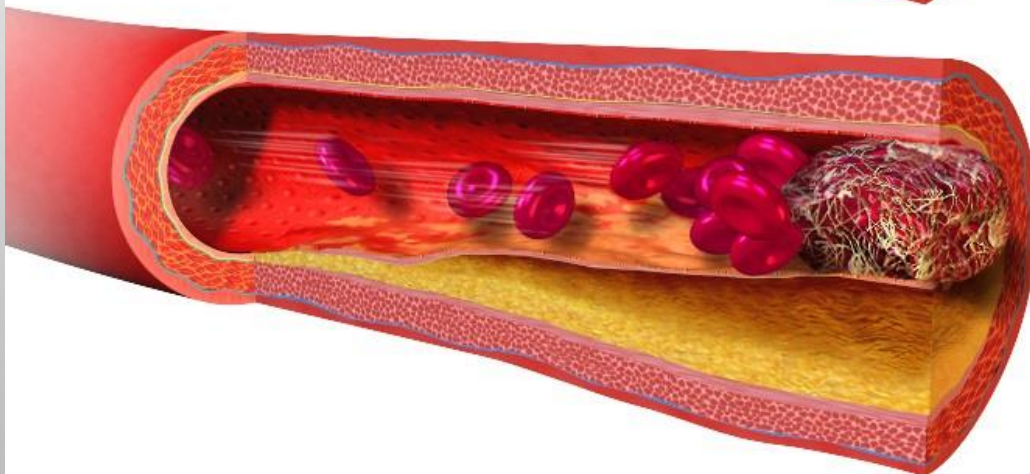
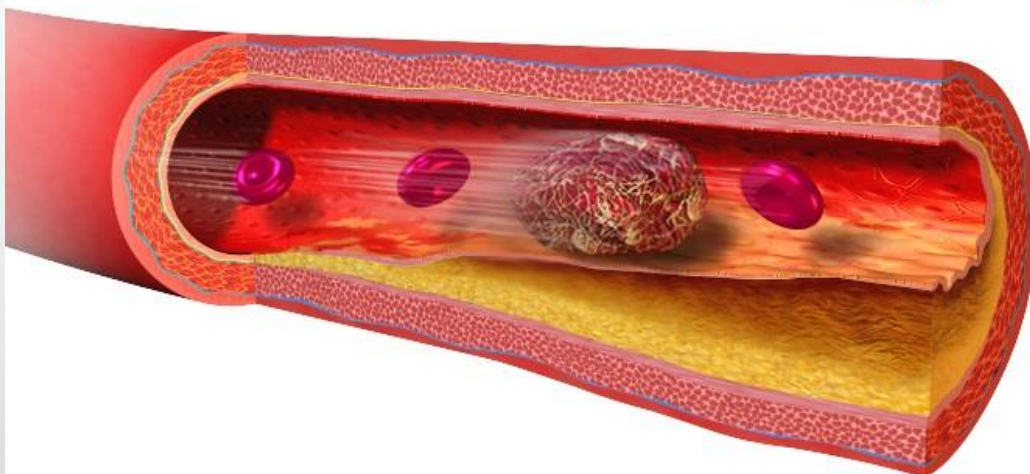
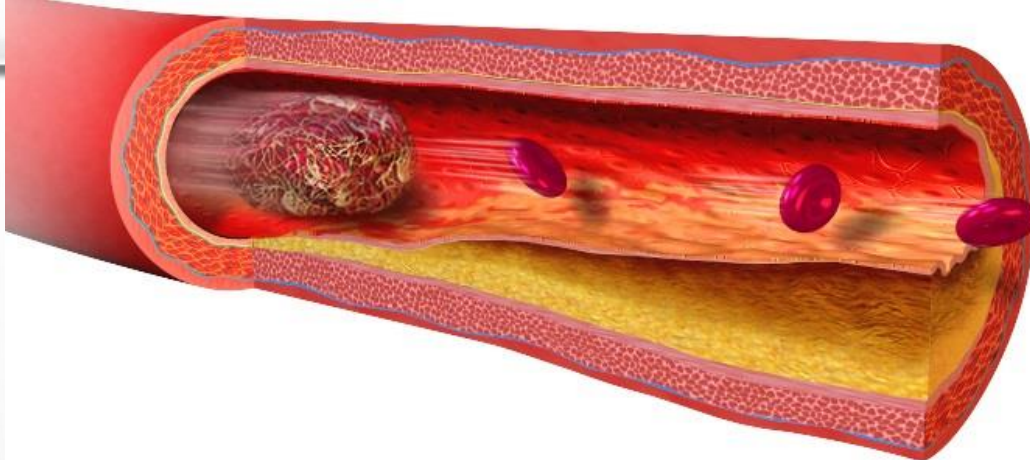
- 
- THE DIAGNOSIS AND INITIAL ASSESSMENT ARE LARGELY **CLINICAL**, AND DIAGNOSTIC **ERRORS** CAN RESULT IN A HIGH PRICE TO THE PATIENT
 - OFTEN AN END-OF-LIFE CONDITION

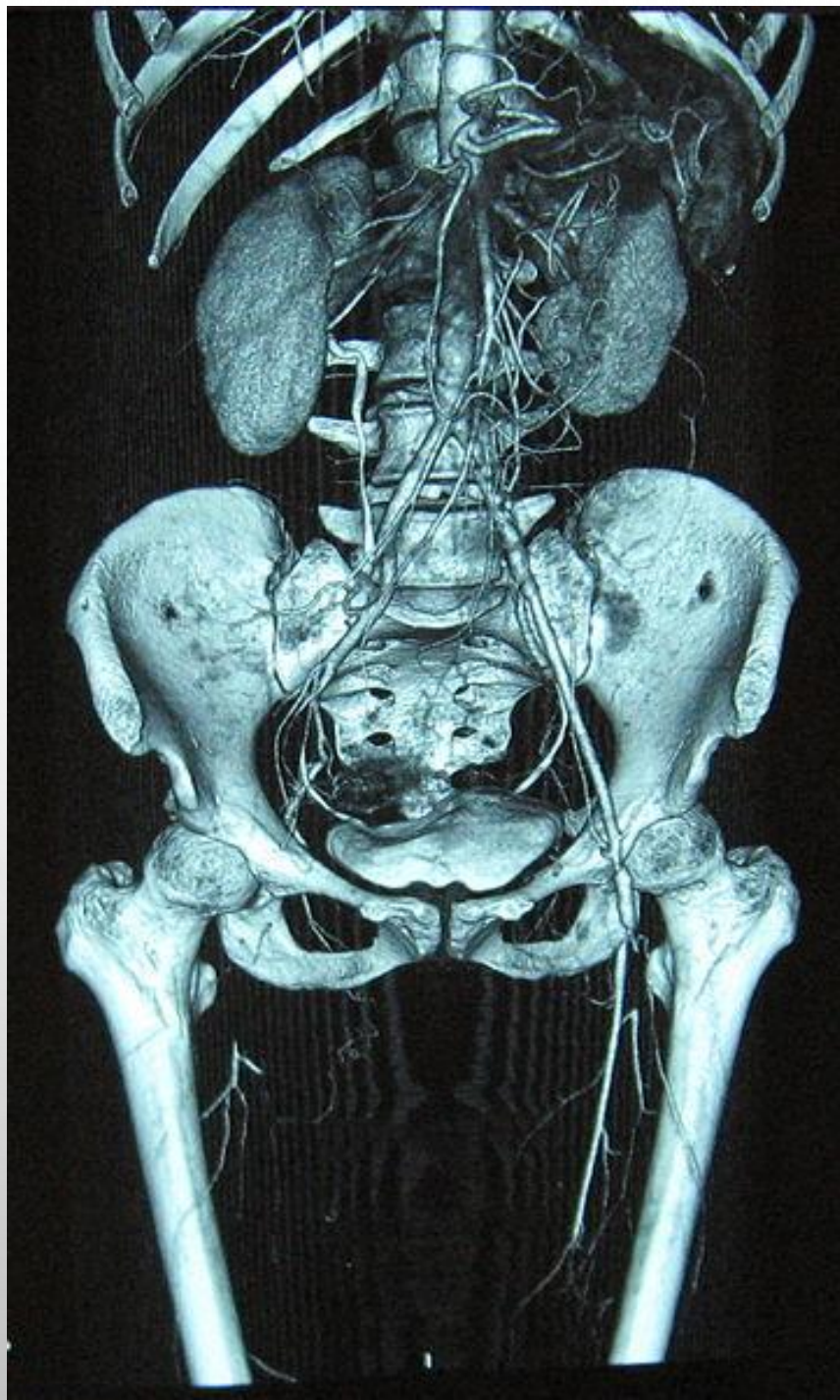
6PS

- PAIN
- PULSELESS
- PALE
- PARASTHESIA
- PARALYSIS
- PERISHINGLY COLD

ETIOLOGY

- **THROMBOSIS**
- **EMBOLISM**
- **TRAUMA**





Embolus

Atrial fibrillation

Valvular heart disease

Endocarditis

Myocardial infarction (with mural thrombus)

Aortic and peripheral arterial aneurysms

Ulcerated atherosclerotic plaque with
intraplaque hemorrhage

Paradoxical embolus

Atrial myxoma

Cardiomyopathy

Thrombosis

Atherosclerotic occlusive disease

Aortic and peripheral arterial aneurysms

Intraplaque hemorrhage with arterial stenosis
and occlusion

Hypercoagulable states (C or S protein deficiencies)

Entrapment syndromes

Stasis/low-flow states

Drugs of abuse

Trauma

Penetrating

Blunt

Interventional vascular procedures

RUTHERFORD CLASSIFICATION

Table 33. Clinical categories of acute limb ischemia (modified from the SVS/ISCVS classification²)

Category	Description/prognosis	<i>Findings</i>		<i>Doppler signals</i>	
		Sensory loss	Muscle weakness	Arterial	Venous
I. Viable	Not immediately threatened	None	None	audible	audible
II. Threatened;					
a. Marginally	Salvageable if promptly treated	Minimal (toes) or none	None	(Often) inaudible	Audible
b. Immediately	Salvageable with immediate revascularization	More than toes, associated with rest pain	Mild, moderate	(Usually) inaudible	Audible
III. Irreversible*	Major tissue loss or permanent nerve damage inevitable	Profound, anesthetic	Profound, paralysis (rigor)	Inaudible	Inaudible

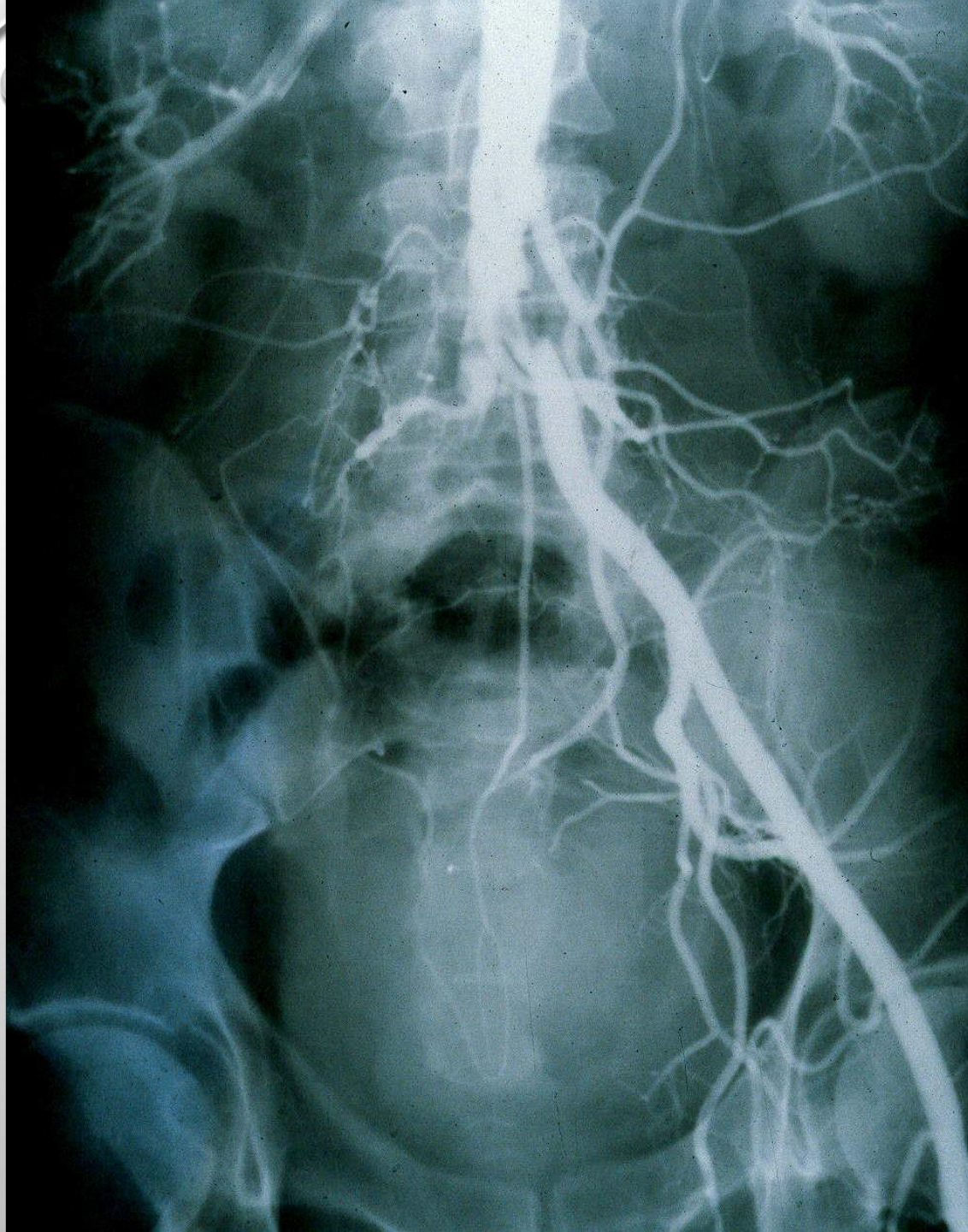
*When presenting early, the differentiation between class IIb and III acute limb ischemia may be difficult.

ISCHAEMIC PROCESS

- LOSS OF SENSORY FUNCTION
- LOSS OF MOTOR FUNCTION
- ***IF PROLONGED- IRREVERSIBLE DAMAGE***
- LATE IRREVERSIBLE ISCHEMIA: MUSCLE TURGIDITY











CLINICAL EXAMINATION



MANAGEMENT

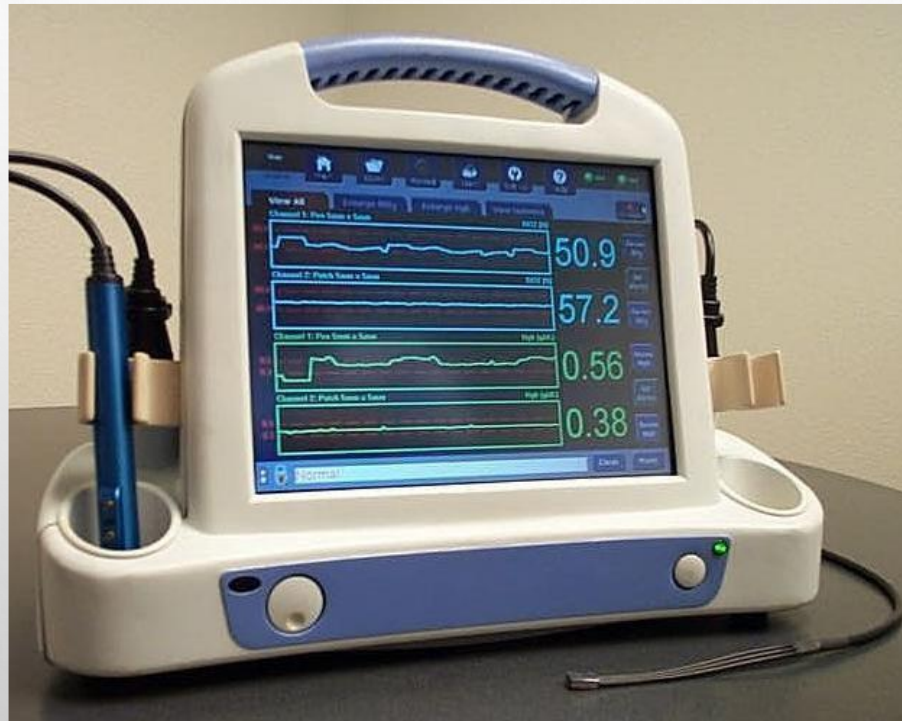
- RESUSCITATE- HYDRATION/ O₂/ ANALGESIA
- SYSTEMIC ANTICOAGULATION- HEPARIN
- INVESTIGATIONS



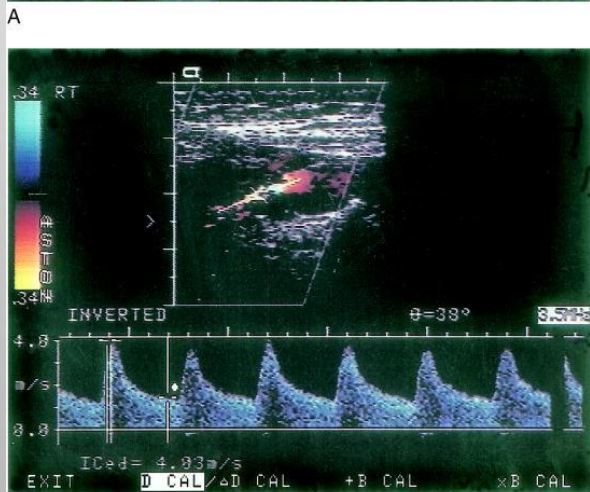
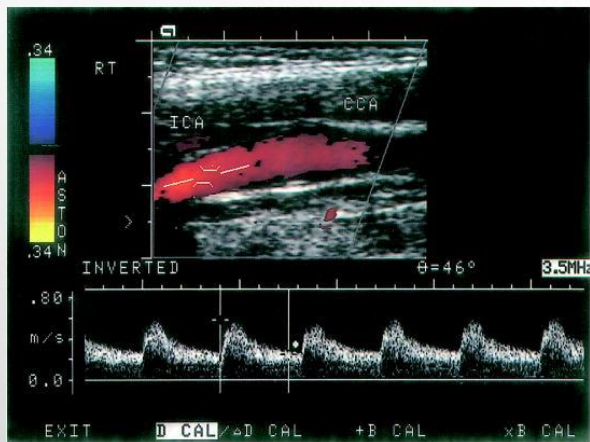
GOALS OF THERAPY

- RESTORATION OF BLOOD FLOW
- PRESERVATION OF LIMB AND LIFE
- PREVENTION OF RECURRENT THROMBOSIS

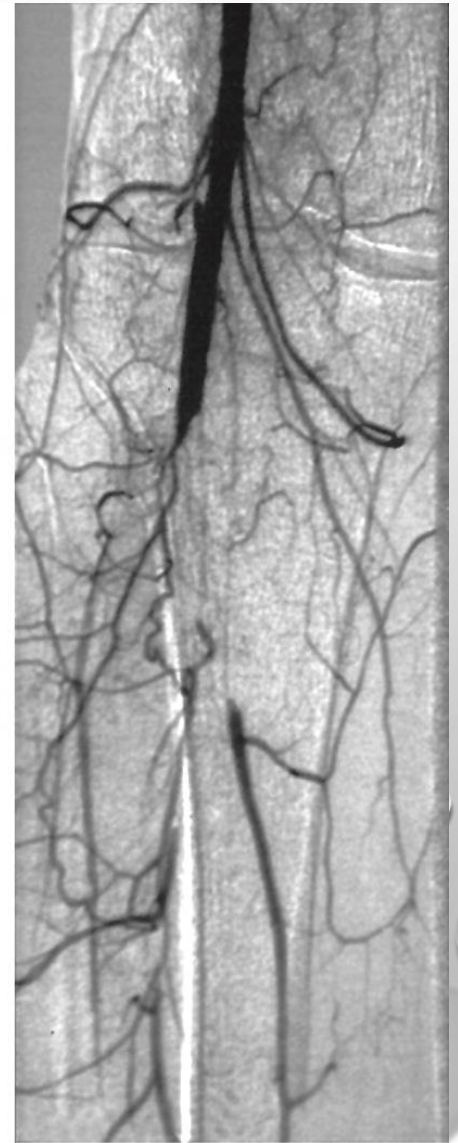
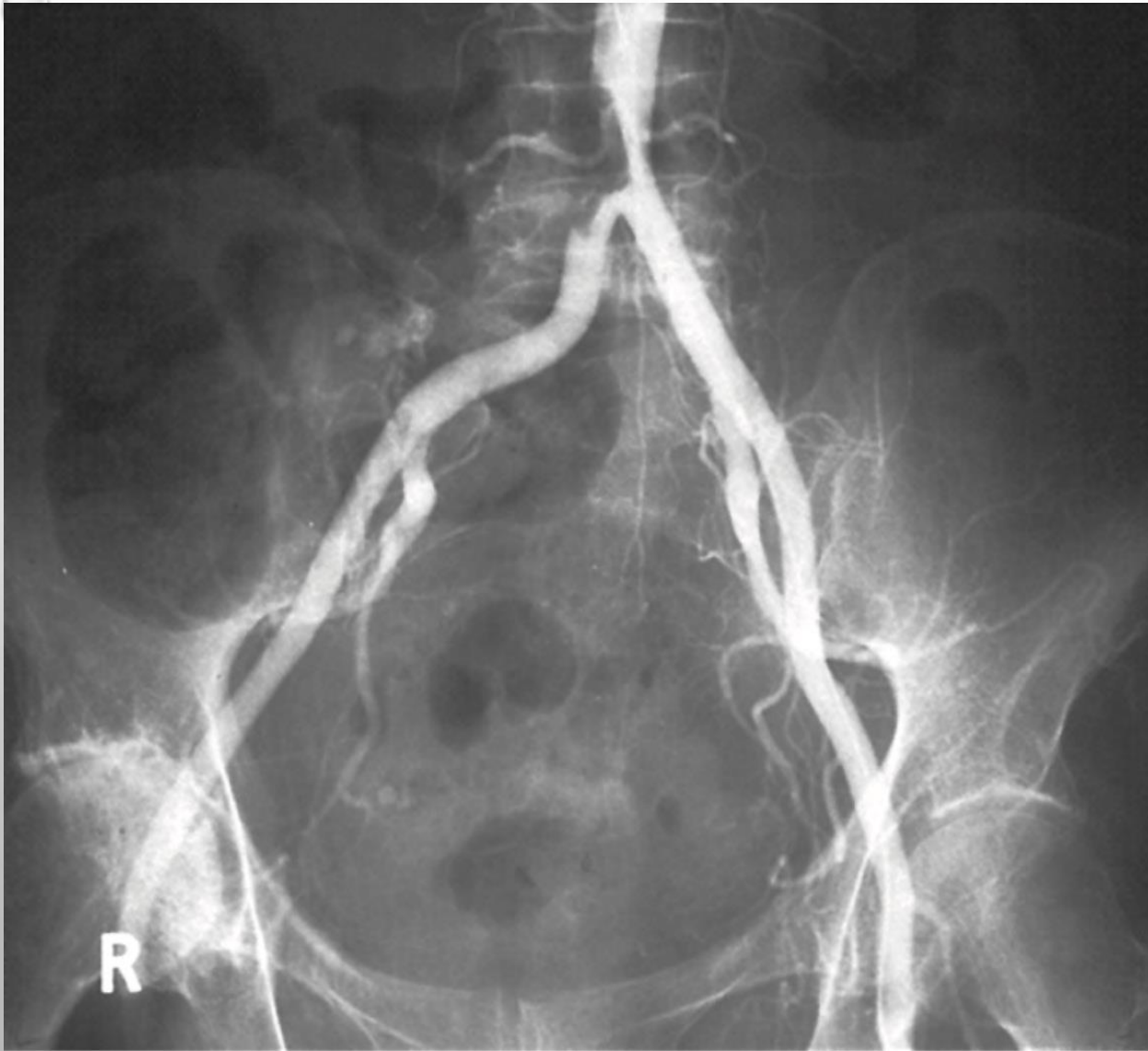
DOPPLER TEST



DUPLEX



ANGIOGRAM



TREATMENT

- THROMBOLYSIS
- SURGERY- OPEN THROMBECTOMY
- SURGICAL BYPASS
- AMPUTATION

EMBOLECTOMY



CATHETER DIRECTED THROMBOLYSIS



AMPUTATION



FOLLOW-UP CARE

- WARFARIN, OFTEN FOR 3–6 MONTHS OR LONGER
- PATIENTS WITH THROMBOEMBOLISM WILL NEED LONG-TERM ANTICOAGULATION, POSSIBLY LIFELONG

The background is a light gray gradient. In the top-left and bottom-right corners, there are several realistic water droplets of varying sizes, some with highlights and shadows. In the center of the image, there is a faint, circular, embossed-style logo that appears to be a seal or crest, though its details are not clearly visible.

THANK YOU