

Aortoiliac Disease (Leriche syndrome)

What is Aortoiliac disease?

Aortoiliac disease is a form of peripheral arterial disease whereby the main artery in your abdomen –the aorta- becomes narrowed/occluded at the level of its transition into the right and left (Common) Iliac arteries; this corresponds to the level of the umbilicus on the abdominal surface.

What symptoms are associated with Aortoiliac disease?

It is classically described as affecting males who become aware of buttock and/or thigh pain when walking and erectile dysfunction (impotence). This combination when combined with the clinical examination finding of absent or weak groin pulses is termed Leriche syndrome. However, individuals with aortoiliac disease may suffer with other 'non-classical' symptoms including muscle wasting, delayed wound healing or critical limb ischaemia affecting the legs and/or buttocks.

What causes Aortoiliac disease?

All symptoms are as a result of insufficient blood perfusing the legs and pelvic organs due to the upstream narrowing/blockage. This narrowing/blockage is typically as a result of atherosclerotic (fatty) plaques that have built up over a period of years causing gradual narrowing of the arteries until eventually they block. Smoking, diabetes, high blood pressure, high cholesterol are all recognised risk factors for aortoiliac disease.

How do you investigate Aortoiliac disease?

Investigation for the aforementioned symptoms is centred around identifying the presence of and extent of disease affecting the aortoiliac arterial segment. Our clients will typically undergo a duplex Doppler ultrasound (DUS) in the first instance to identify the presence of peripheral arterial disease affecting the aortoiliac segment. We will often combine DUS with a CT angiogram to better assess the extent and type of disease as well as to allow accurate planning for any proposed future treatments.

How do you treat Aortoiliac disease?

The surgical treatment of aortoiliac disease is centred around improving blood flow into the legs by overcoming the narrowing or blockage affecting your aortoiliac arterial segment. This can be accomplished by either open surgery e.g. aortobifemoral bypass, or endovascular (minimally invasive) surgery e.g. Iliac artery angioplasty or CERAB (covered endovascular reconstruction of the aortic bifurcation).

How do you decide which technique is best?

At the Circulation Clinic, we pride ourselves on being able to offer a full variety of validated techniques for the treatment of aortoiliac disease and thus are not constrained in our decision making. Each client's case is reviewed by our team of experts to ensure all options are properly analysed before we recommend a specific treatment. The technique we recommend is dependent on many factors including the severity of your symptoms, the extent of your disease and your general health. Occasionally further assessment of your general fitness is required so we can better discuss the pros and cons of each recommendation. Once all information is gathered your lead consultant will then discuss the rationale for our recommendation and what other treatments are available. We have no hesitation in recommending no invasive treatment when we believe surgery is not in our client's best interest.



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