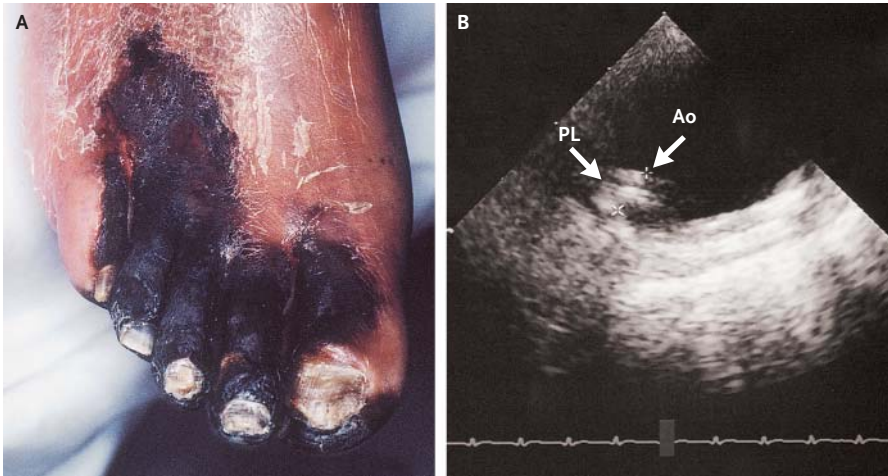


IMAGES IN CLINICAL MEDICINE

Peripheral Embolism from an Aortic-Arch Atheroma



A 62-YEAR-OLD MAN PRESENTED WITH A ONE-MONTH HISTORY OF PAIN in the toes of both feet and in the left fourth fingertip. Examination revealed gangrene of the fingertip and all five toes of the right foot (Panel A), as well as dry gangrene of the fourth and fifth toes of the left foot. He had palpable bilateral femoral, popliteal, posterior tibial, and radial pulses and a diminished dorsalis pedis pulse. An angiogram of the legs and feet revealed occlusion of both anterior tibial arteries. A transesophageal echocardiogram (Panel B) revealed an ulcerated plaque (PL) in the aortic arch (Ao), with an overlying mobile component (arrows). The patient underwent amputation of the affected toes, and therapy with clopidogrel and simvastatin was begun. At the six-month follow-up visit, he was free of recurrent embolic events.

Thromboembolism from an atheroma in the aortic arch is an important cause of stroke and peripheral embolism. Transesophageal echocardiography is the technique of choice for the diagnosis of aortic-arch atheroma.

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