

# Image Diagnosis: Sudden Paraplegia in Abdominal Aortic Thrombosis

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A 79-year-old woman with a medical history of hypertension and cardiac surgery for mitral valve repair was transported to the Emergency Department by ambulance service after falling to the floor of her bedroom. She complained of weakness in her legs and was unable to move them. The initial evaluation excluded vertebral-medullary trauma. A neurologic assessment revealed paraplegia, with a loss of sensation at the level of T12 and absent reflexes in the legs. There were no palpable pulses in the legs, and Doppler examination confirmed no blood flow. A computed tomography with angiographic study of the thoracoabdominal aorta (Figure 1) revealed almost complete thrombosis of the distal aorta (Figure 2) and common iliac arteries. Spontaneous reperfusion of the internal and external iliac arteries was observed distally (Figure 3). The patient was started on anticoagulants (4000 units intravenous bolus of unfractionated heparin) and immediately transferred to a center for emergency revascularization. Unfortunately, this patient did not survive efforts at revascularization.

Acute aortic abdominal occlusion is an uncommon condition and potentially life threatening, frequently resulting from saddle embolism or from thrombosis of an atherosclerotic plaque.<sup>1</sup> Although rare, sudden neurologic symptoms (namely paraplegia) without prominent vascular symptomatology, can occur.<sup>2</sup> A high level of suspicion must be maintained so a prompt diagnosis can be made and appropriate treatment implemented.<sup>3</sup> ♦

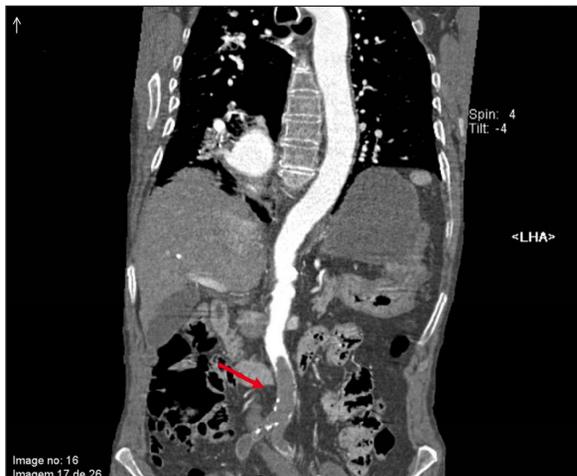


Figure 1. Thoracoabdominal computed tomography with angiographic study showing thrombosis of the distal aorta (coronal view).



Figure 2. Almost complete aortic abdominal thrombosis on computed tomography with angiographic study (axial view).



Figure 3. Distal spontaneous reperfusion of common iliac arteries and internal and external iliac arteries was observed (axial view). A no. 5 Fogarty embolectomy of the aortic bifurcation was performed; despite flow restoration, the patient did not survive.

## References

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