

Case discussion

69F DM PAD foot deformity
SCS
Ambulation with cane



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วันที่ ๒๐/๑๒/๒๕๖๓
ผู้ป่วย ๖๙ ปี หญิง อายุ ๖๙ ปี
โรคเบาหวาน ๔, ๕ ทศวรรษ
โรคไตเรื้อรัง ๕ ปี

ประวัติ
โรคเบาหวาน
โรคไตเรื้อรัง
โรคหัวใจ

๖๙๕๔-๐๙-๑๗๖๖, ๖๙๕๔, ๑๗๖๖

ผู้ป่วย ๖๙ ปี หญิง อายุ ๖๙ ปี
gangrene ตรวจ Doppler signal ที่ Pedal
artery เป็น monophasic ใกล้เคียง chx art occlusion
จึงขอ Refers ปรึกษา ศ. นพ. กฤษณ์ ๑๒/๑๒/๒๕๖๓ เพื่อ proper
management ๐๕/๑๒/๒๕๖๓ ที่ รพ.ศิริราช
๑๒/๑๒/๒๕๖๓

๑๒/๑๒/๒๕๖๓ ศ. นพ. กฤษณ์ ๑๒/๑๒/๒๕๖๓

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CTA femoral run off: Post angiographic phase of abdominal aorta down to both feet and delayed phase of bilateral popliteal arteries down to both feet were performed with 2D MIP and 3D MIP&VRT.

History: A 64-year-old female, case of DM and low back pain, presented with pain in right lower leg and gangrenous ulcer at right 4th and 5th toes.

FINDINGS: The study shows

VISCERAL:

- Patency of the celiac trunk, SMA, bilateral renal arteries, and IMA.

AORTOILIAC:

- Well opacification of the aorta and its branches.
- Multiple stippled calcifications along wall of abdominal aorta and bilateral CIAs, compatible with atherosclerotic change.

RIGHT:

- **CIA:** Patent.
- **EIA:** Patent.
- **IIA:** Patent.

LEFT:

- **CIA:** Patent.
- **EIA:** Patent.
- **IIA:** Patent.

Right:

- **CFA:** Multifocal stenosis.
- **SFA:** Multifocal stenosis with severe stenosis of the distal part.
- **DFA:** Multifocal stenosis.
- **Popliteal:** Multifocal stenosis.
- **Tibioperoneal trunk:** Multifocal stenosis with stipple calcified wall.

- **Tibioperoneal trunk:** Multifocal stenosis with stipple calcified wall.
- **ATA:** Multifocal stenosis with stipple calcified wall then occlusion.
- **PTA:** Multifocal stenosis.
- **Peroneal:** Patent.
- **Dorsalis pedis:** Faint-opacified.
- **Plantar artery:** Opacified.

LEFT:

- **CFA:** Multifocal stenosis.
- **SFA:** Multifocal stenosis severe stenosis of the distal part.
- **DFA:** Multifocal stenosis.
- **Popliteal:** Multifocal stenosis.
- **Tibioperoneal trunk:** Multifocal stenosis with stipple calcified wall.
- **ATA:** Multifocal severe stenosis with stipple calcified wall at proximal part then patent.
- **PTA:** Multifocal stenosis with stipple calcified wall then occlusion.
- **Peroneal:** Multifocal stenosis.
- **Dorsalis pedis:** Opacified.
- **Plantar artery:** Faint-opacified.

OTHERS: Limitation of the study due to improper phase.

- The visualized liver is unremarkable without focal lesion. The hepatic and portal veins are patent. No bile duct dilatation is seen.
- Spleen cannot be evaluated due to improper phase.
- Gallbladder is surgically absent, seen as surgical clips.
- Pancreas, bilateral adrenal glands and both kidneys are normal.
- The urinary bladder, prostate gland and bilateral seminal vesicles appear unremarkable.
- The visualized bowel loops appear normal.
- No ascites is noted.

- The urinary bladder, prostate gland and bilateral seminal vesicles appear unremarkable.
- The visualized bowel loops appear normal.
- No ascites is noted.
- A few enlarged lymph nodes in right EIA and right inguinal regions, size up to 3.0x1.6 cm.
- Degenerative change of the spines is depicted.
- A few calcifications in subcutaneous fat of both gluteal regions, could be fat necrosis.
- Partial bone loss of right 1st toe.

IMPRESSION:

- Atherosclerotic abdominal aorta and its branches.
- Double vessels run off (peroneal and PTA) in right leg.
- Double vessels run off (peroneal and ATA) in left leg.
- Multiple enlarged lymph nodes in right EIA and right inguinal regions.

Kantheera, M.D.

CONSULTANT: Thanate, M.D. Radiologist

kantheera leesmidt, M.D.(1110194)

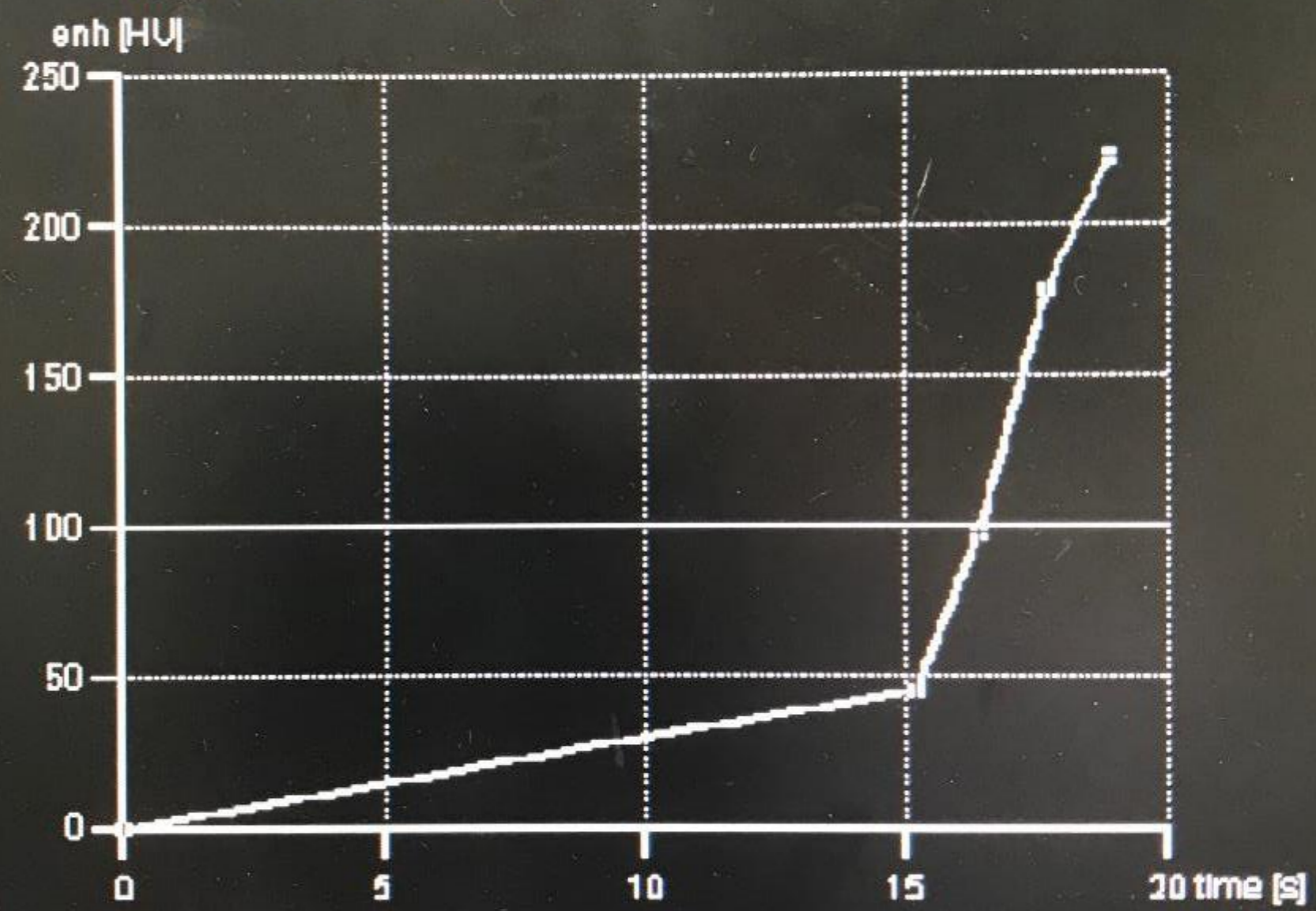
witsuta sansiri, M.D.(1110176)

Thanate Kattipathanapong, M.D.(1100043)

IMPRESSION: - Atherosclerotic abdominal aorta and its branches.- Double vessels run off (peroneal and PTA) in right leg.- Double vessels run off (peroneal and ATA) in left leg.- Multiple enlarged lymph nodes in right EIA and right inguinal regions.
 Kantheera, M.D.**CONSULTANT:** Thanate, M.D. Radiologist
 1prelim13816๕เนต
 ขัตติพัฒนาพงษ์Thanate KattipathanapongRadiologist0นางสาวกัณฑ์ธรา ลิสมิทธิ

Bolus Tracking Result

Monitoring Start: 08-Sep-2018 21:36:40
 Monitoring End: 08-Sep-2018 21:37:00
 Trigger Threshold: 100 [HU]



FAWP60214

Total mAs 9057 Total DLP 591 mGycm

Scan	KV	mAs / ref.	CTDIvol* mGy	DLP mGycm	TI s	cSL mm
Patient Position F-SP						
Topogram	1	120	38 mA	0.14 L	17	12.8
Topogram	2	120	38 mA	0.14 L	19	14.5
PreMonitoring	3	140	20	1.70 L	2	0.5
Contrast						
Monitoring	4	140	20	6.80 L	7	0.5
DE_BodyAngio	8A	140	16 / 55			
	8B	80	75 / 234	3.26 L	409	0.5
DE_BodyAngi2	9A	140	11 / 55			
	9B	80	45 / 234	2.14 L	137	0.5

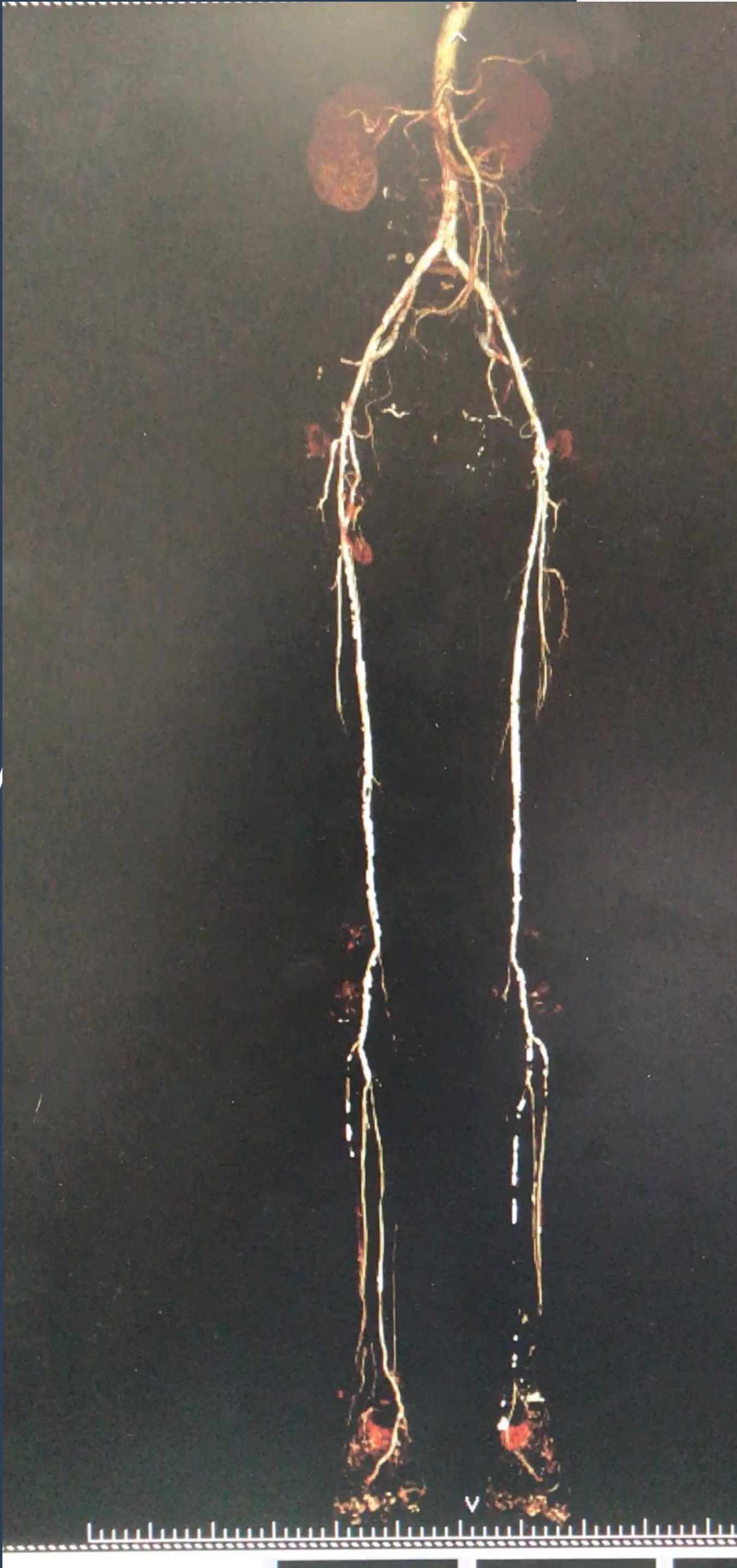
Medium	Type	Iodine Conc. mg/ml	Volume ml	Flow ml/s	CM Ratio
Contrast		0	0	0.0	100%
Saline		0	0	0.0	

VP60214

V
* L = 32cm. S = 18cm

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ร.บ. 8
Sx 101
จ. 113-0011 DC

วันที่รับไว้รักษา 8/9/59 วันที่จำหน่าย 6/10/59 หอผู้ป่วย 2
Wrow 2.

Final Diagnosis... CLI : Rt. femoro popliteal lesion

wet gangrene @ foot

Treatment (& Operation)

- CTA femoral run off (8/9/59) -
- (Rt) multifocal stenosis CFA, SFA, DFA, pop, Tibioperoneal trunk, ATA, PTA
 - (Rt) proximal plantar
 - (Rt) & double vessel run off L peroneal, PTA

S/P @ 3rd - 5th toe amputation 7/10/59 w. mdy, w. w. l. h. k.

ผลลัพธ์ของการรักษา... PTA Rt. ~~vascular~~ limb (26/09/59)

	Rt.	Lt.	
BA	2+	2+	- segmental severe stenosis at distal SFA
RA	2+	2+	- segmental severe stenosis at P ₂ segment of popliteal a.
FA	2+	1+	- Multifocal severe stenosis of ATA
PA	2+	DA	S/P balloon dilate at Rt. popliteal a, and distal SFA and supra stent was placed
PTA	1+	DA	Other → no residual stenosis at P ₁ & P ₂ and distal SFA
DPA	1+	DA	# 3 rd , 4 th , 5 th Rt toe amputation 7/10/59 w. mdy, w. w. l. h. k.
AP	130	100	S/P Debridement and bedside ~ 4 days... - mdy, w. w. l. h. k. + slough
RBI	0.9	0.71	

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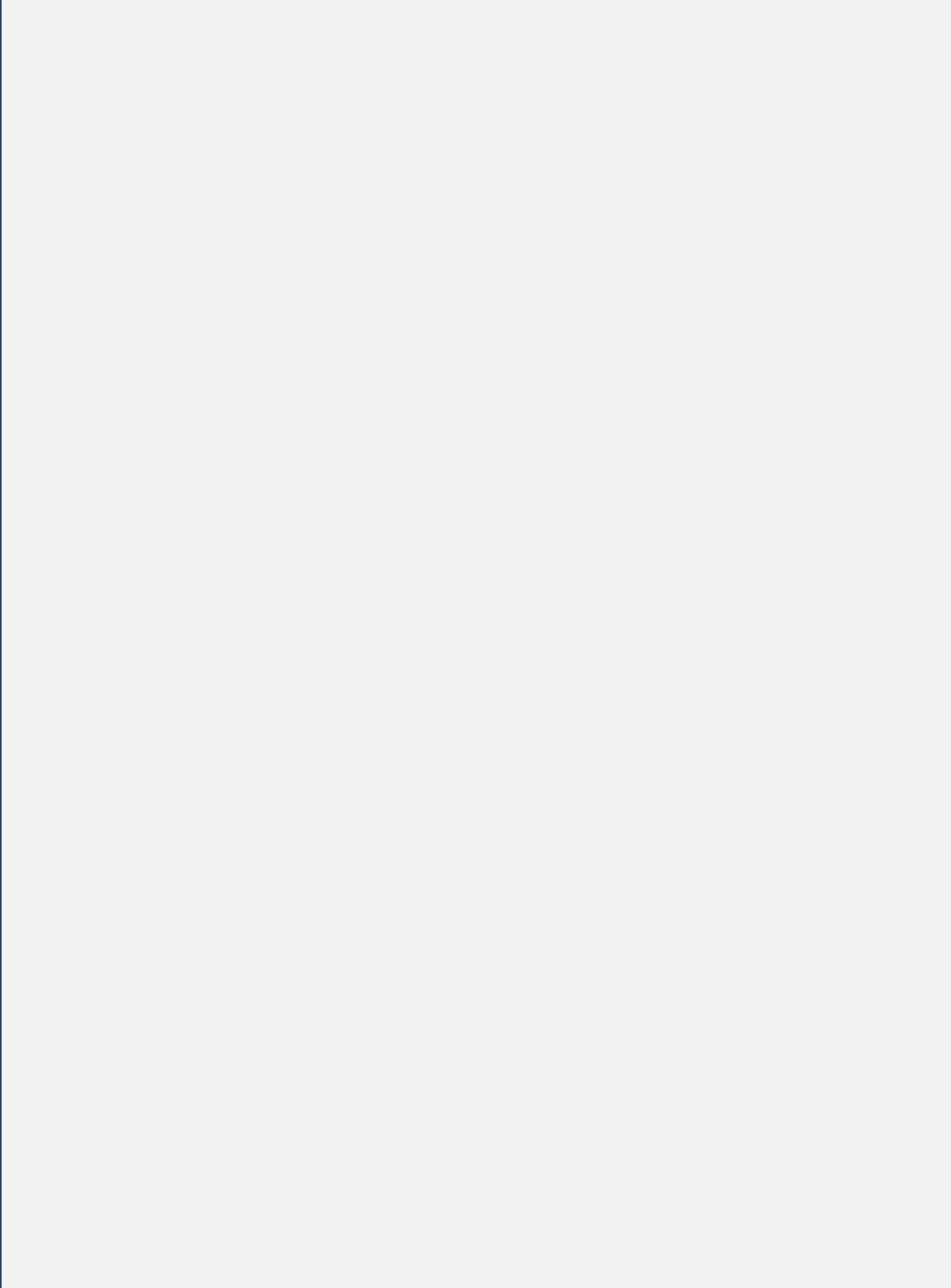
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61M DM foot deformity
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