

JM is a 54 yo female with c/o chronic abdominal pain, nausea and vomiting. 30-40 lbs weight loss over the past several months. Also with short distance buttock/thigh claudication.



Medical History

CAD s/p MI x 2, PTCA

HTN

Hyperlipidemia

PVD

Tobacco use (50 pack year) / COPD

Hepatitis C / Polysubstance Abuse

Chronic pain syndrome

Hypothyroidism

CVA

Rheumatoid arthritis

Seizure d/o



Surgical History

Cesarean section x 3
Appendectomy

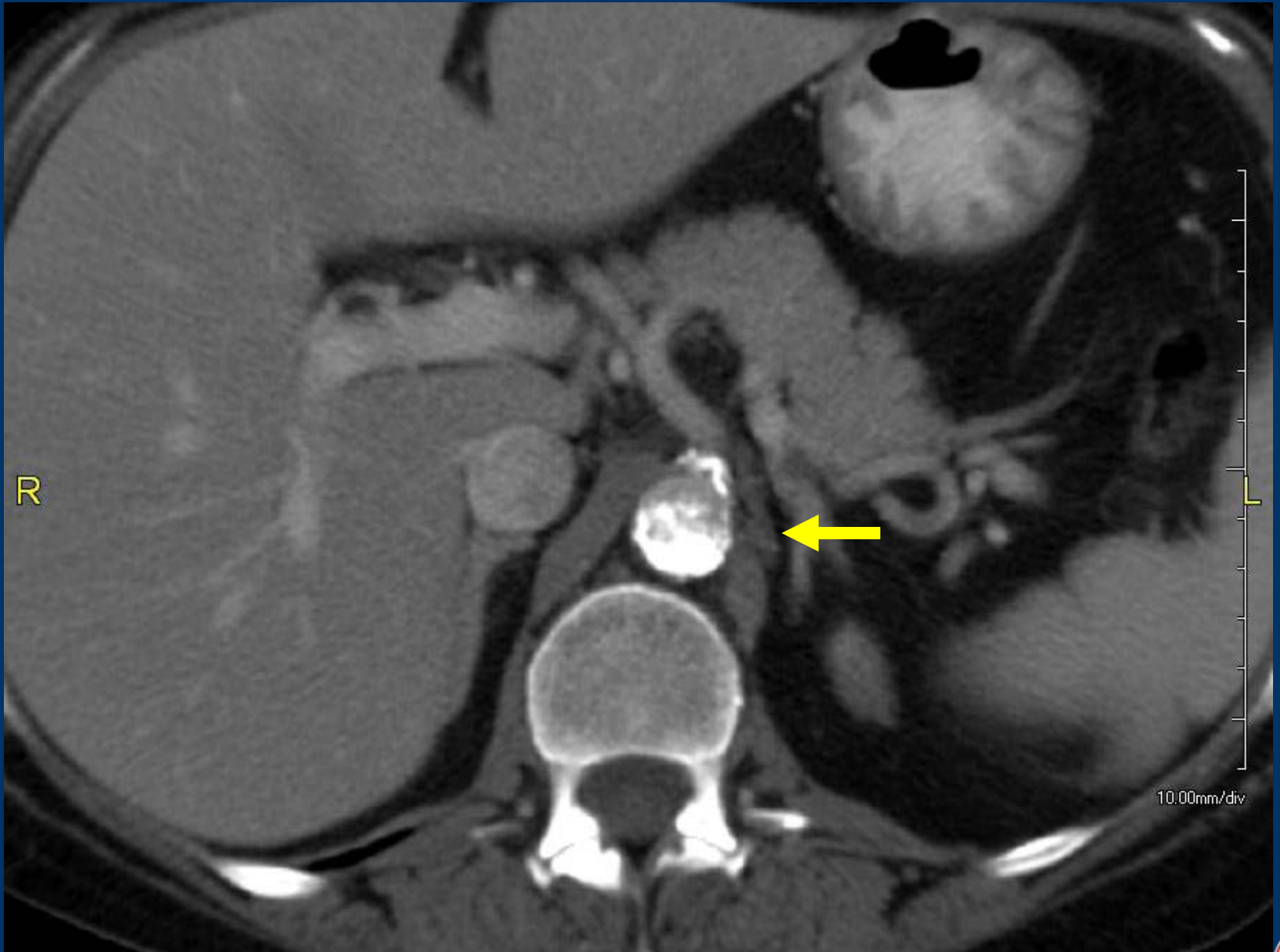


CT scan

- Severe calcified atherosclerosis in the pararenal aorta causing narrowing
- Extensive calcified plaque extending into the SMA (near occlusive) and L renal artery (occlusive)
- Calcified plaques near the celiac and R renal artery
- Calcified distal aorta/iliac vessels
- L External iliac artery occlusion, R common iliac artery stenosis





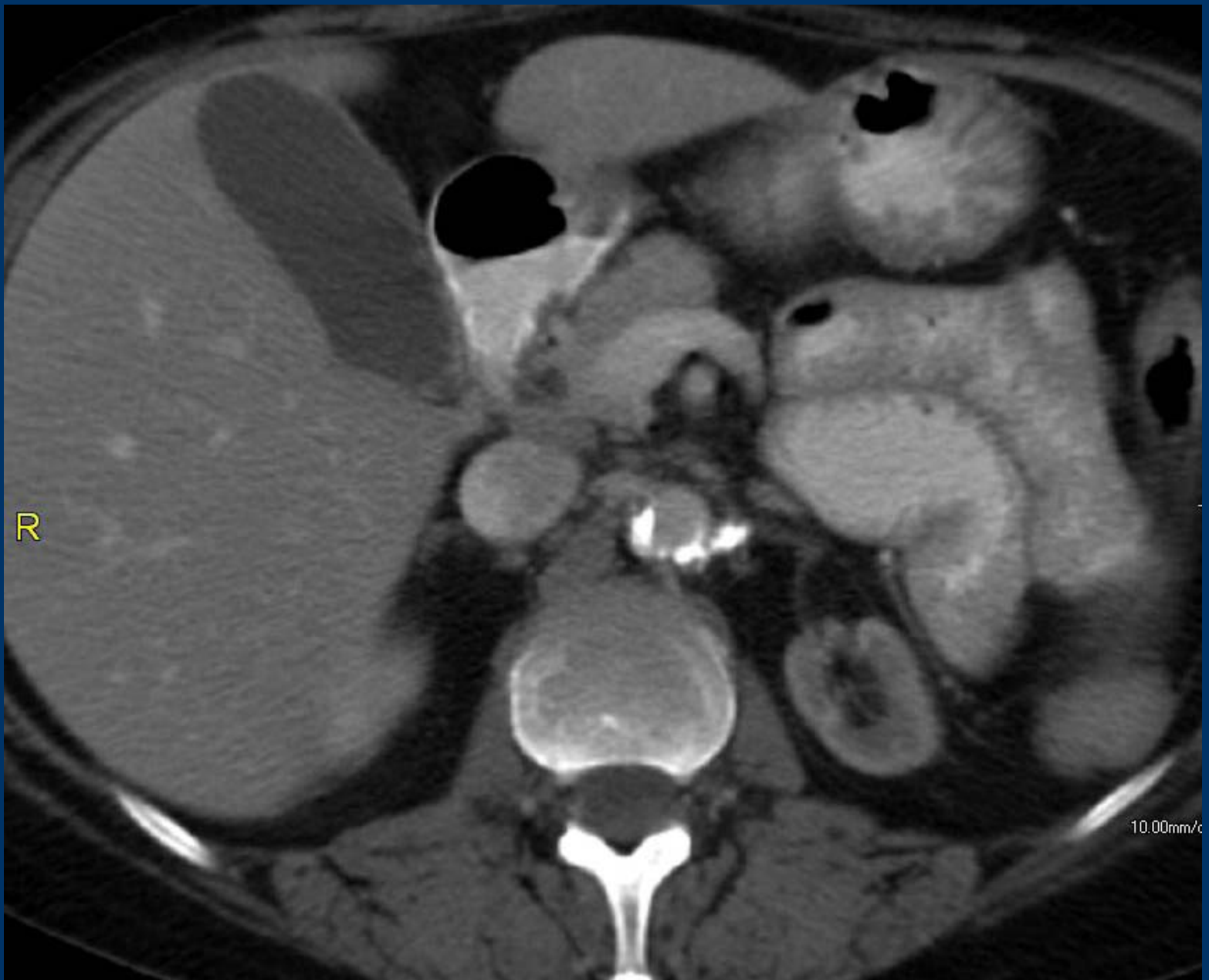


R

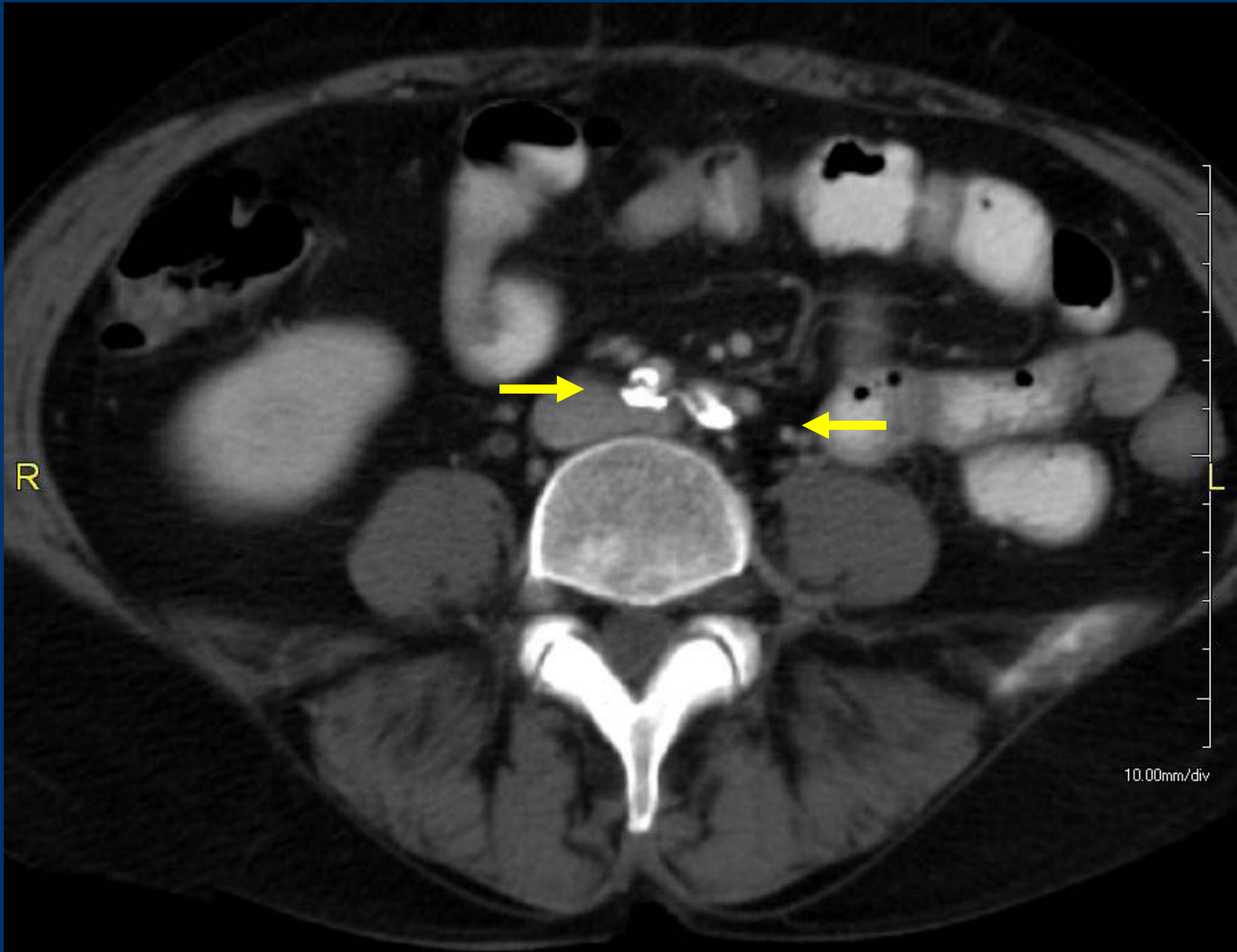
10.00mm/div







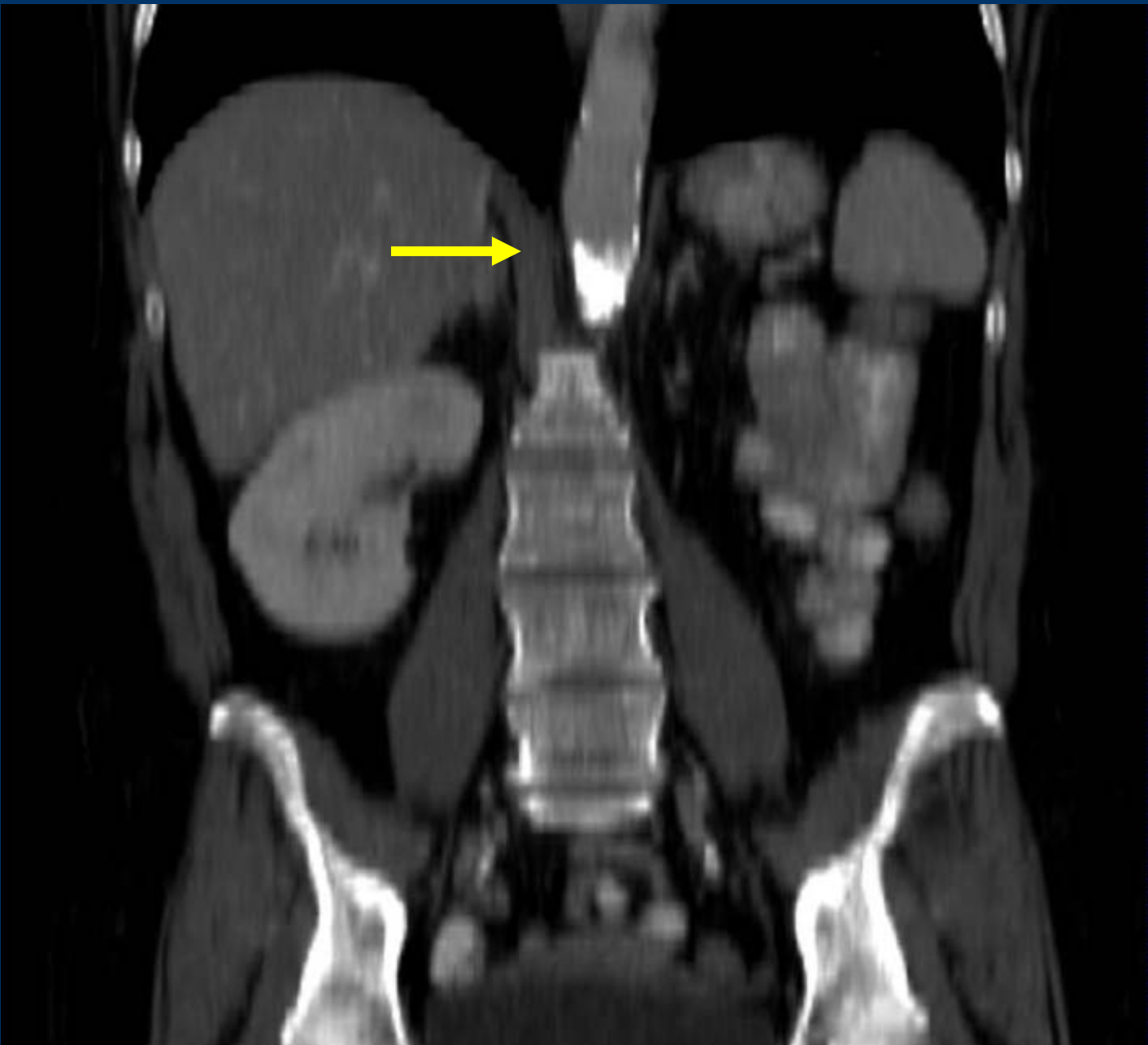


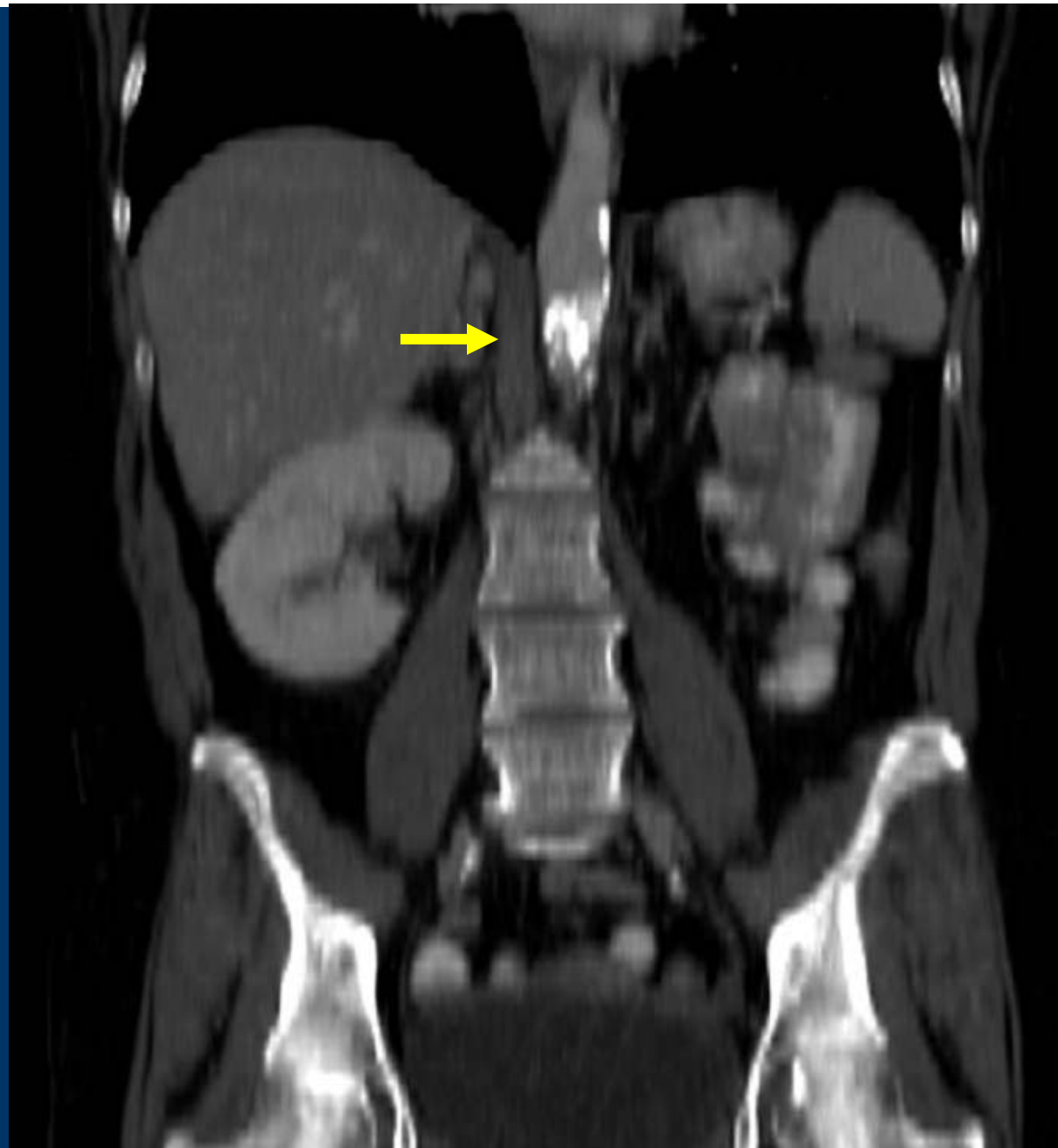


R

10.00mm/div







Vascular Surgery



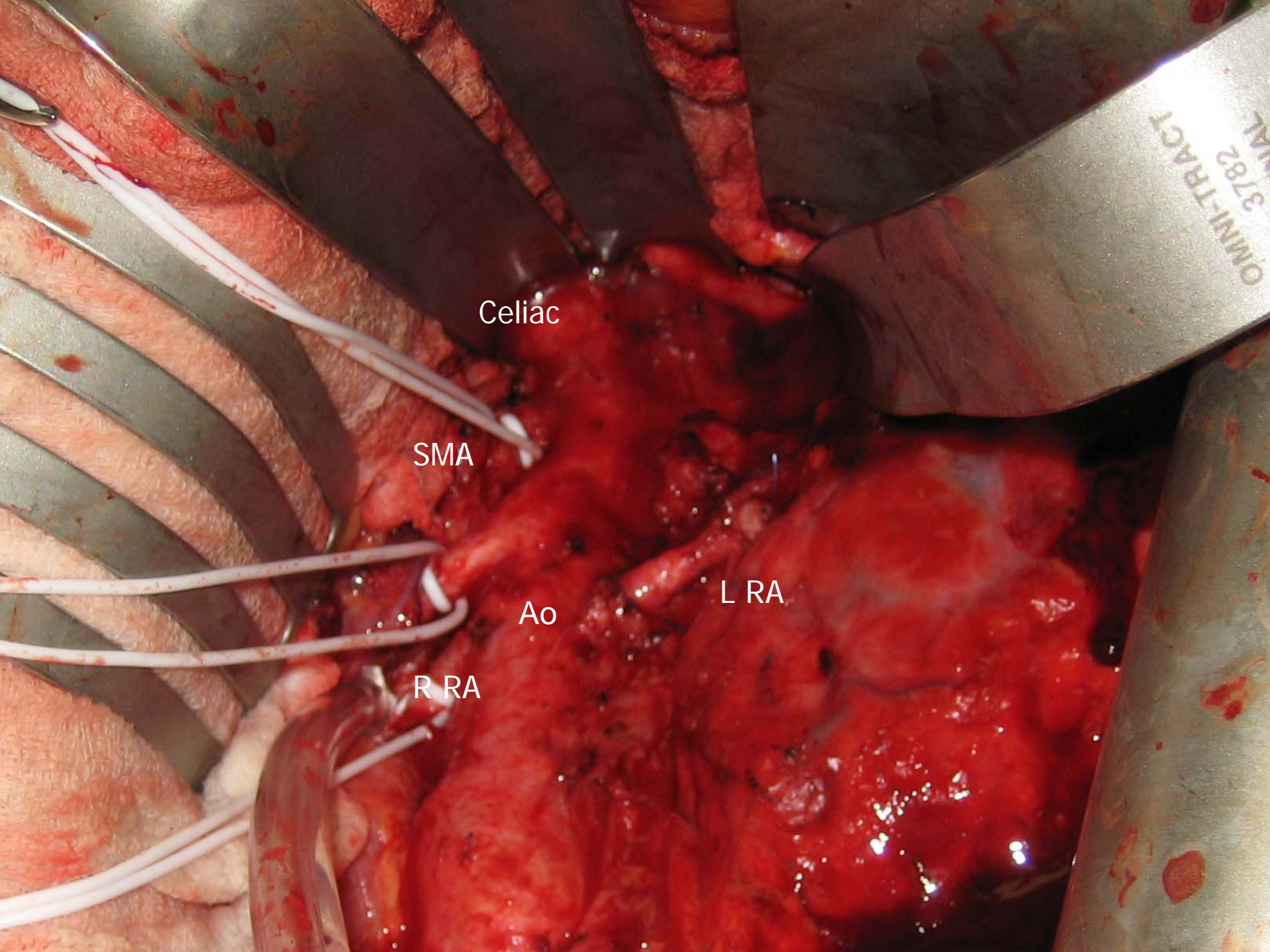
- Treatment options?



Operation

- Aortic endarterectomy
- SMA/Celiac/Renal endarterectomies
- Aortobifemoral artery reconstruction with Dacron (14x7 mm)





Celiac

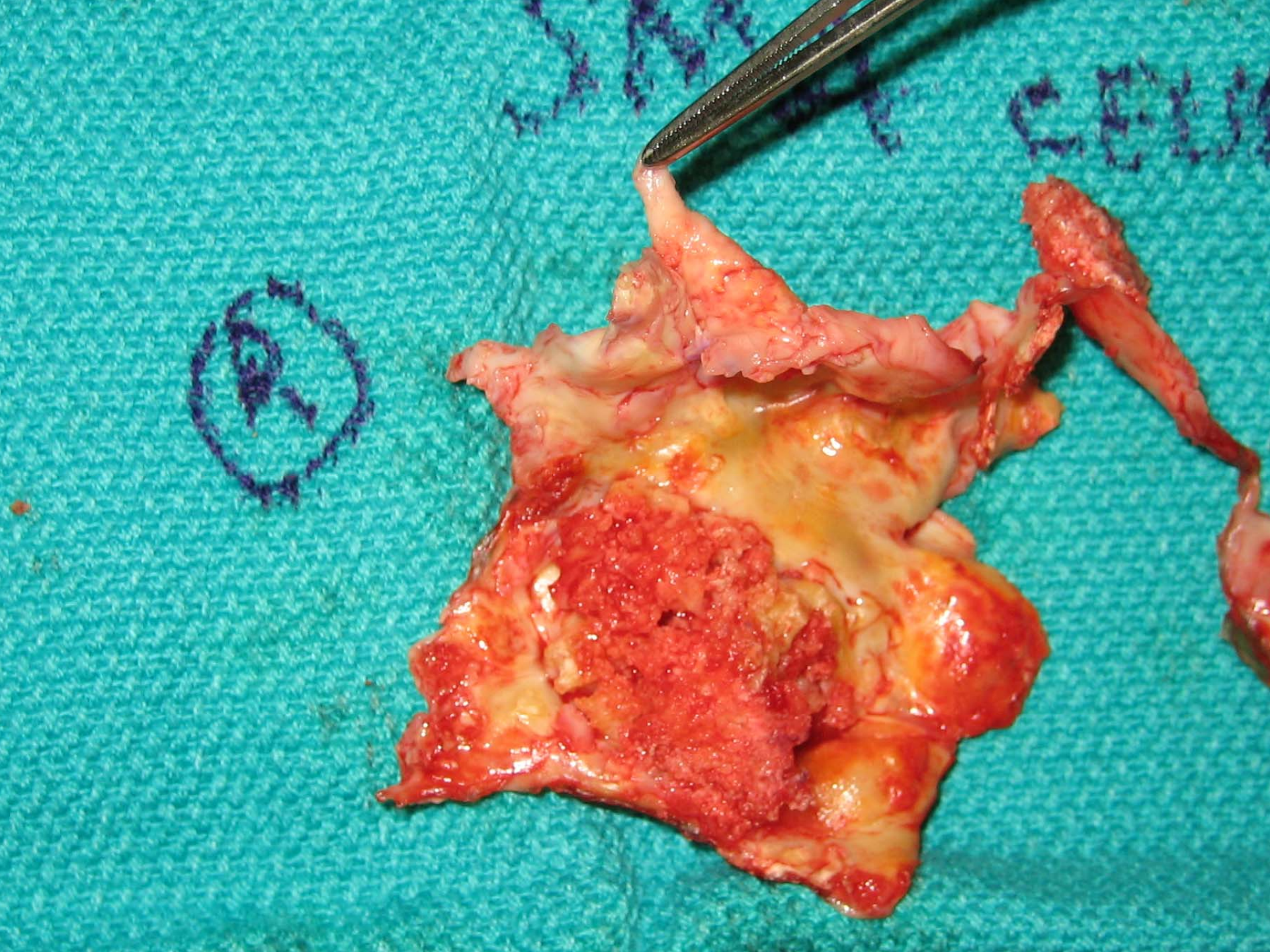
SMA

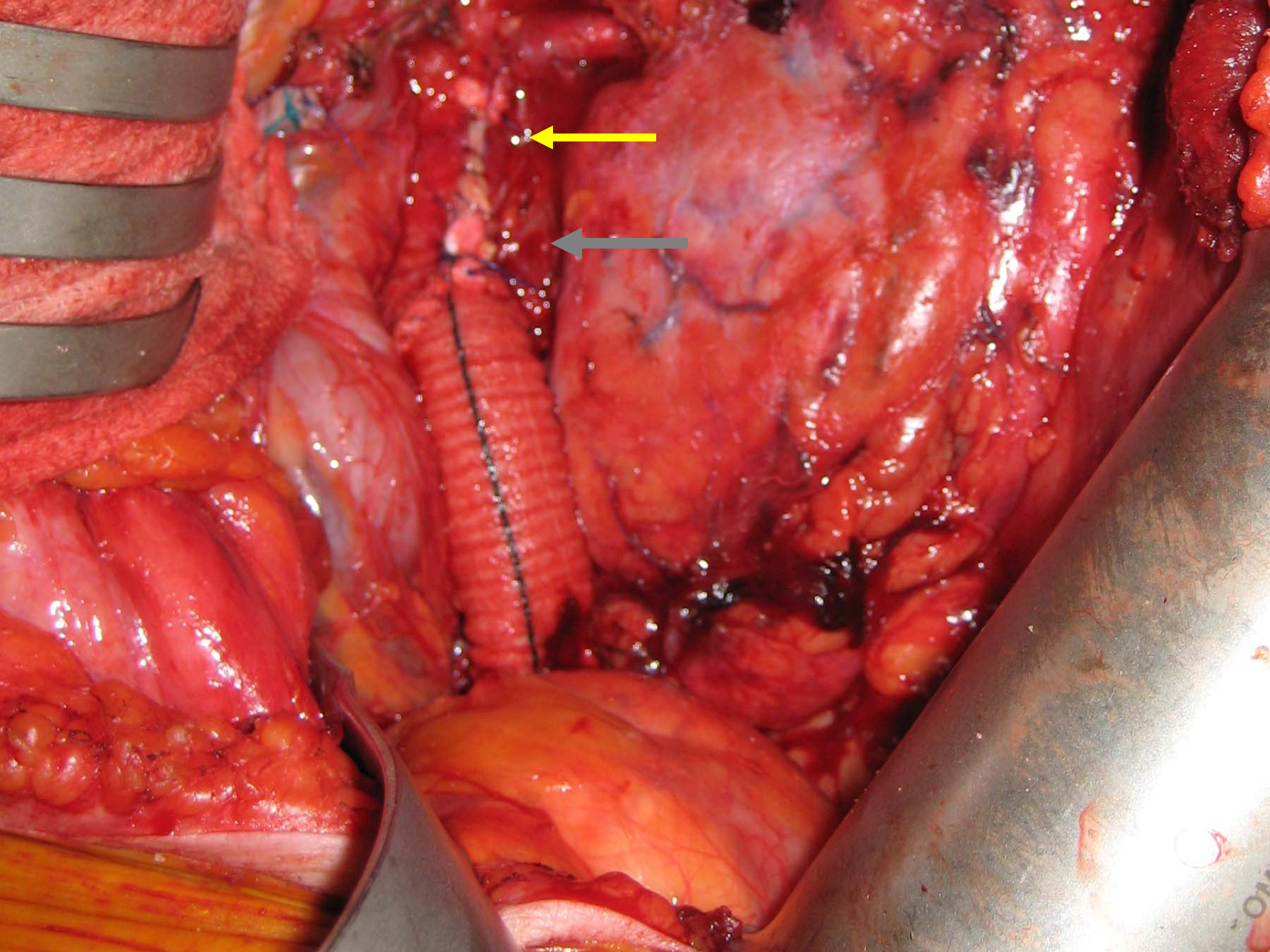
Ao

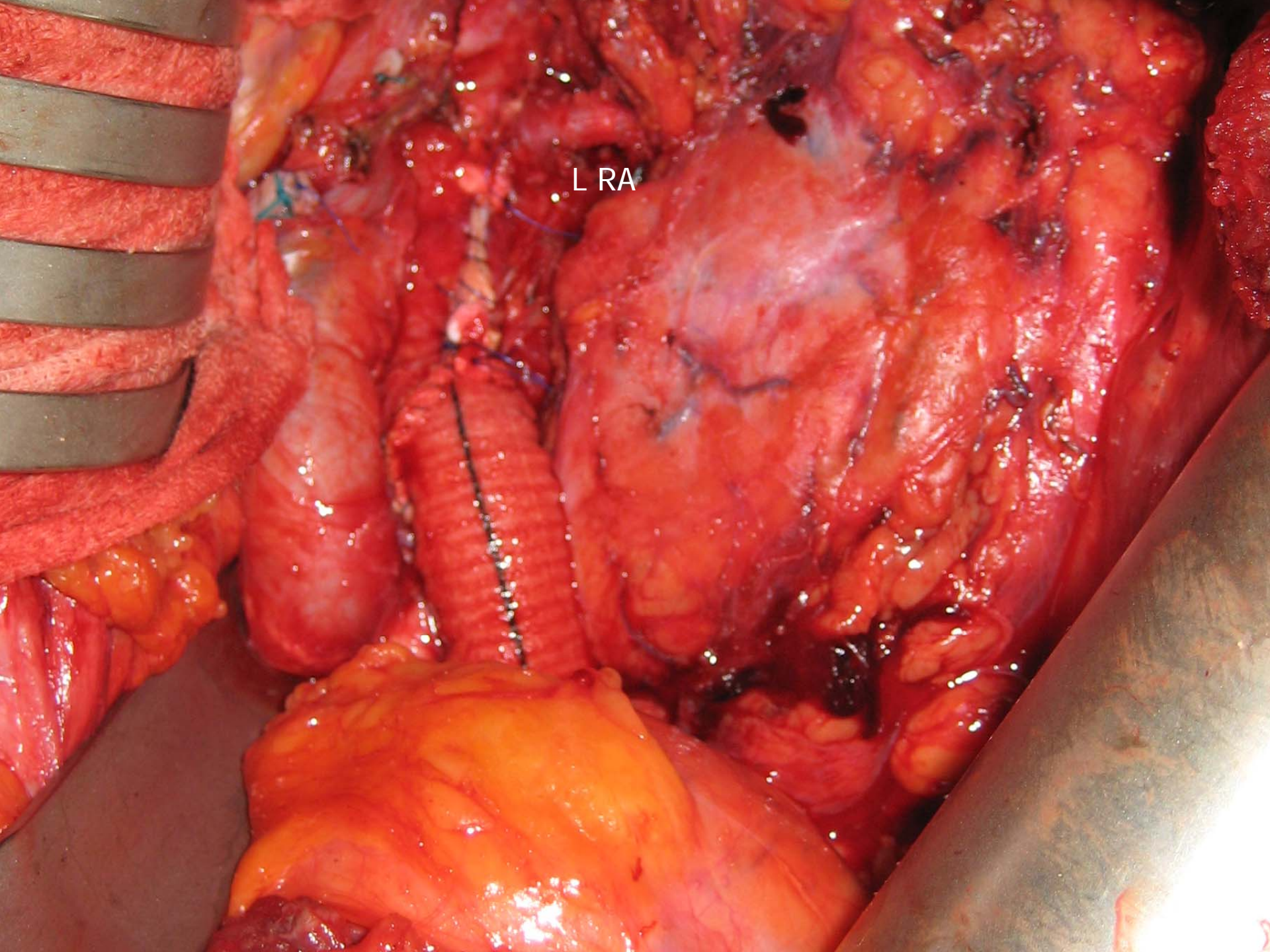
L RA

R RA

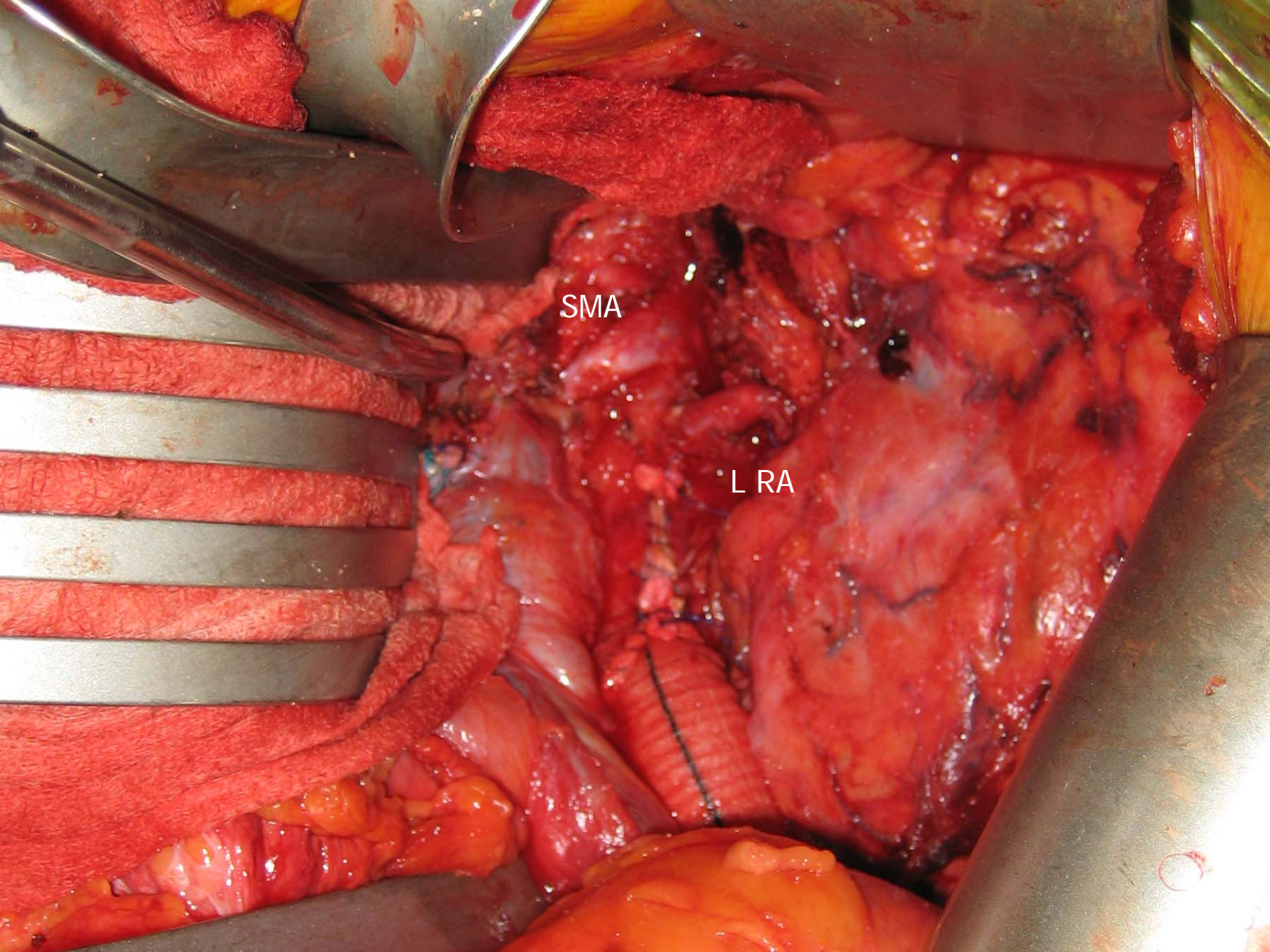
OMNI-TRACT
3782
TAL





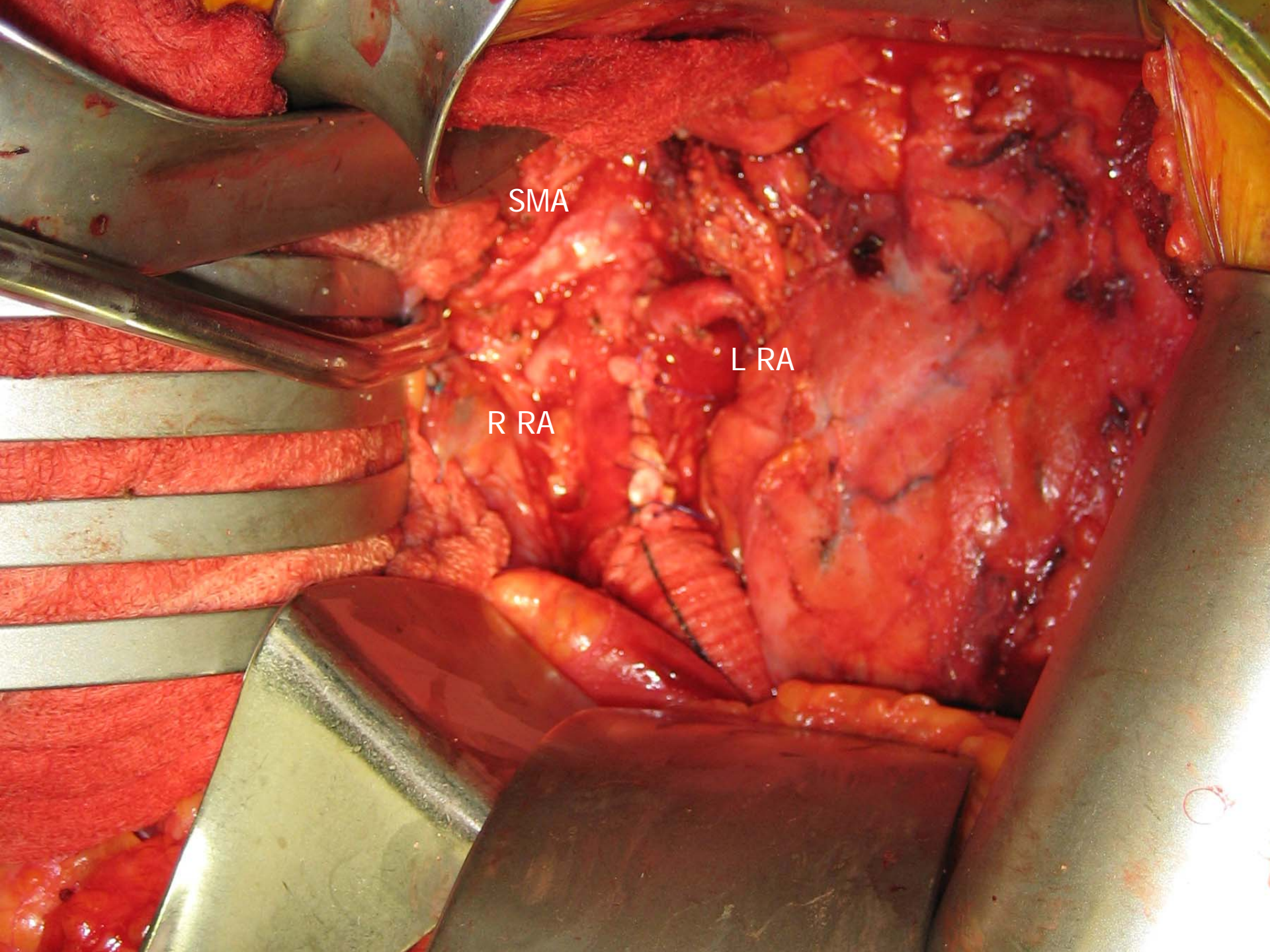


L RA



SMA

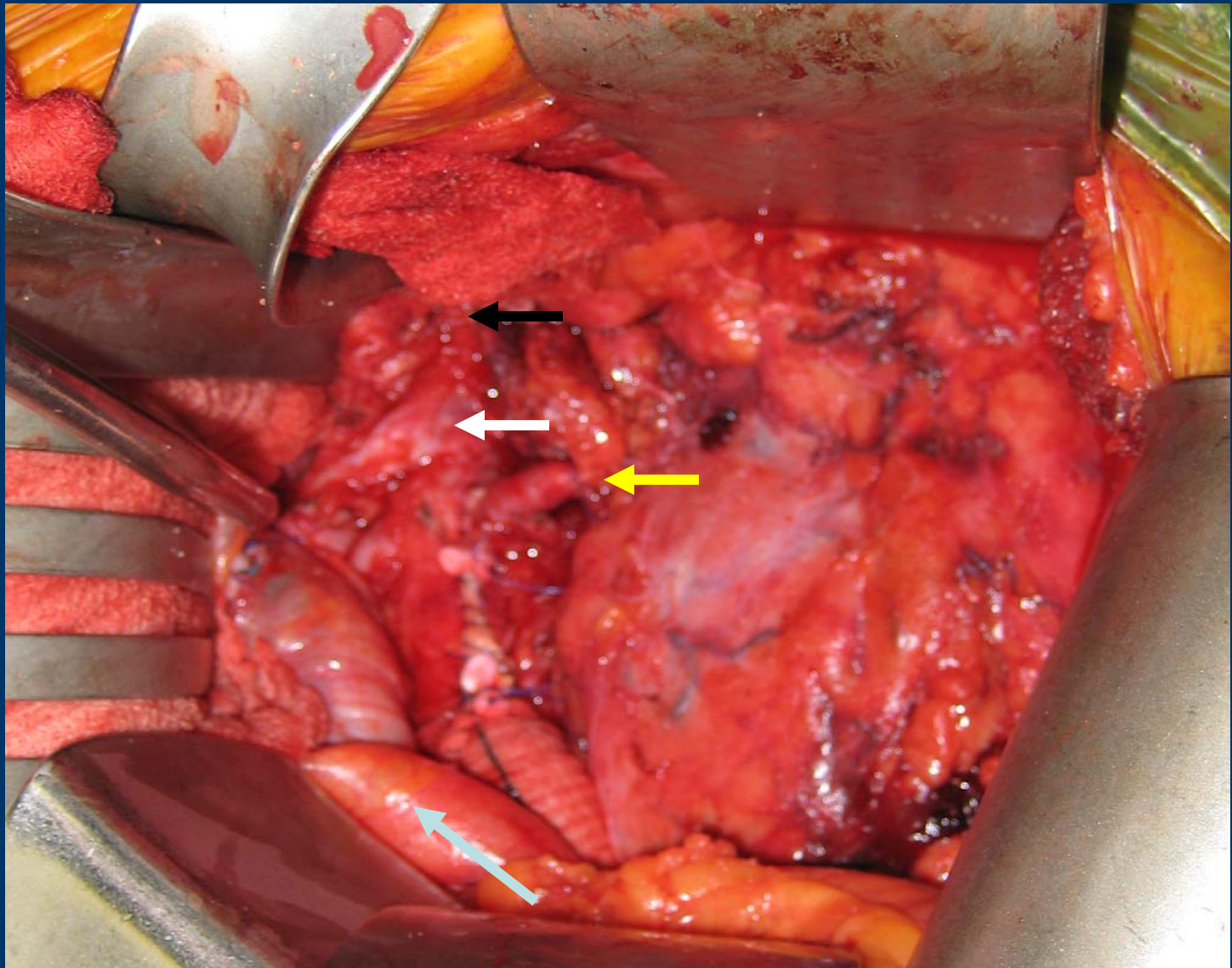
L RA



SMA

L RA

R RA



Hospital course

- Extubated on POD#4
- Diet advanced on POD#5
- Transferred to the floor on POD#6
- Tolerated a regular diet without abdominal pain. Ambulated without assistance. Bilateral 2+ DP pulses present
- Discharged on POD#9

