Vascular Disease, Unusual Cases & Discussion (Part I)

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Case Studies

Question and Answer Session

Think Non-Invasive
Disclosures

- None that pertain to this talk.
Objectives

- To introduce unusual vascular cases
- To discuss the order of non-invasive testing for each presented case.
- To discuss the findings of each presented case.
Case 1

- Case Hx:
  - 9 year old boy with history of left arm medi-port, and life long history of immunotherapy.

- The patient presents with 6 year history of left chest prominent veins cluster, and no other symptoms.

Now What???
Case 2

- Case Hx

- A 65 year old women is 2 months status post Right ICA Angioplasty and Stenting.

- The patient has a new Dx of Rheumatoid arthritis.
CASE 3

Patient Hx:
- 56 year old patient presents to the office with 2 blue toes.
- Patient states “that his toes have progressively gotten darker and more painful over last 3 weeks.”
Case 4

- Patient Hx:
  - 39 year old new patient that presents with a brawny discoloration to Right Anterior Calf.
  - The Left anterior shin area is noted with a wet active ulcer.

NOW WHAT ???
Case 4

- 78 year old patient with hx of CABG x 5, 3 years ago, now presents with Dizziness, Angina and Left Arm Pain with exercise, but resolves with rest.

- The right brachial pressure is 125/72

- NOW WHAT?
Case 5

- 22 year old male patient with 3 year hx of progressively worsening hypertension.

- Patient is non-smoker with a family history of hypertension in the mothers late 50's

- The patient is currently on a combination of hypertensive medicine and his blood pressure is unmanageable.
Case Study 6

Stomach Varices and Weight Loss

- **History**
  - Chronic Renal Failure
  - BIV AICD
  - Squamous Cell Carcinoma (on Chemo) **
  - CABG X 6
  - Renal Transplant***
  - Liver Transplant***

- **Clinical Presentation**
  - Large Abdominal Varices
  - Elevated Creatine 2.02
  - >20 lbs of Weight Loss
  - Right Limb Pain With Ambulation
Case 7

Stomach Varices
CASE 7
CASE 7
Where Do We Go From Here?

What type of testing do we order from here?
Now What?

**Rational For Testing**

- Elevated Creatine (Renal Duplex)
- Weight Loss, Un-explained (Mesenteric Duplex)
- Limb Pain (Art Duplex)

**Testing and Findings**

- *Renal and Mesenteric Duplex (full visceral study)* INCLUDING MESENTERY VEINS
Findings

- Ultrasound
- SMA >70% Severe Stenosis
- Superior Mesenteric Vein (Non-Occlusive)
- Rt. Common Iliac Artery Severe Stenosis
- <60% ostial Transplant Renal Artery Stenosis

- Angiography
- SMA and Rt. Common Iliac Artery were stented same day.
Case Study 7

Final Thoughts

- Given the clinical presentation of stomach varices, portal hypertension or portal thrombus was considered.

- There was also the incidence of acute weight loss
Thank You