

El Murad T.A.**LERICHE SYNDROME*****Tutor: PhD, professor Trushel N.A.****Department of Normal Anatomy**Belarusian State Medical University, Minsk*

Leriche syndrome, also known as aortoiliac occlusive disease, is characterized by chronic obstruction of the abdominal aorta and iliac arteries. The disease was first described by Robert Graham in 1814. Leriche syndrome was named after a French surgeon, Rene Leriche, who first operated on the condition.

Leriche syndrome successfully linked the anatomical location of the occlusion with a triad of clinical symptoms: (1) intermittent lower extremity vascular claudication, which is cramping in the lower extremities reproducible by exercise, (2) impotence, and (3) weak/absent femoral pulses. The anatomical location of the atherosclerotic lesions also has a direct influence on classification of the disease, as well as choice of treatment modality, with aortobifemoral bypass being the most common surgical treatment. Medical management to prevent progression of the disease should target diabetes mellitus, hyperglycemia, and smoking cessation is important. In some cases of slow progression of the Leriche syndrome, collaterals may develop as a self-compensating mechanism.

Leriche syndrome is considered because of its high morbidity and mortality. Some risk factors include hypertension, diabetes mellitus, smoking, age, gender, race, and family history. Different diagnostic methods are used to evaluate the syndrome: an ankle-brachial index (ABI) should be performed, it is non-invasive, inexpensive and reliable, it provides the ratio of the ankle systolic blood pressure divided by brachial systolic blood pressure detected using a Doppler probe. Computed tomography angiography, or CTA is performed to determine the location and degree of stenosis while planning and innervation. This report contributes to the current literature when any patient has lower limb weakness, pain, and ulcers. This reveals the need for early diagnosis and intervention to decrease late complications of ischemia. Numerous vascular conditions can mimic the symptoms of Leriche syndrome and must be considered in the differential diagnosis, these conditions include arterial dissection, recent instrumentation and graft placement.