


Severe abdominal aortic and iliac arteriosclerosis

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Dear Editor,

A 70-year-old woman was referred to the author's department with a prolonged disorder of consciousness due to intracranial hemorrhage. She had no medical history of peripheral and coronary artery disease. Dysphasia had lasted over one month; thus, there was an indication for percutaneous endoscopic gastrostomy (PEG). Informed consent was obtained from her family.

Preoperative abdominal radiography showed calcification of the abdominal aorta and common iliac arteries (**Figure 1**). Furthermore, computed tomography (CT) confirmed severe arteriosclerosis (**Figure 2**). She had risk factors for arteriosclerosis, including hypertension and low high-density lipoprotein cholesterol level. CT also revealed a thoracic aortic aneurysm, measuring 48 mm. Strict treatment of the abovementioned risk factors was initiated, and PEG was successfully performed. She has had no recurrence of cerebrovascular disease, and the aneurysm has been stable for 5 years after PEG. Appropriate medication can improve the outcome of severe arteriosclerosis.

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Ethical statement: Author stated that as this study is a clinical case report, no ethics committee approval was required. Written informed consent was obtained from the patient's family for submission of case reports and clinical pictures for potential publication.

Declaration of interest: No conflict of interest is declared by the author.

Data sharing statement: Data supporting the findings and conclusions are available upon request from the author.



Figure 1. Abdominal radiography showing calcification of the abdominal aorta and common iliac arteries (reprinted with permission of the patient)

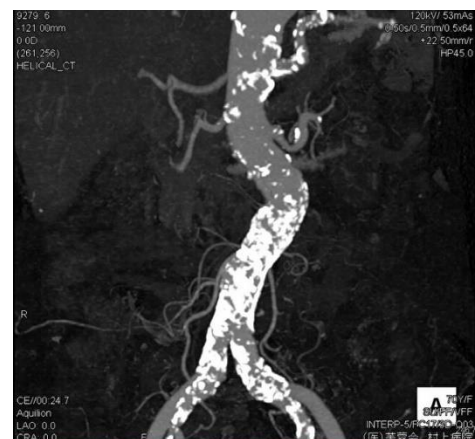


Figure 2. Computed tomography confirming severe arteriosclerosis (reprinted with permission of the patient)

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