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## Acute Limb Ischemia

**George Eskandar**

North Wales Hospitals, United Kingdom

**A**cute limb ischemia (ALI) is a rapid decrease in lower limb blood flow due to acute occlusion of peripheral artery or bypass graft, and in ALI not only limbs but also life prognosis will be poor unless quick and appropriate treatment is given. The etiology is broadly divided into embolism and thrombosis with various comorbidities. The symptoms of ALI are abrupt with pain, numbness, and coldness of lower limb, and paresthesia, contracture, and irreversible purpura will appear with the exacerbation of ischemia. Severity and treatment strategy should be determined based on physical findings and image findings. Considering life prognosis, limb amputation should be done without hesitation when the limb was diagnosed as irreversible. ALI can be treated by means of open surgical revascularization, endovascular, or hybrid approach with rapid systemic administration of heparin. In any cases, evaluating the lesions by intraoperative angiography and appropriate additional treatment are important. ALI is a serious disease requiring urgent treatment, and it is essential to promptly perform the best initial treatment that can be performed at each facility. (This is a translation of Jpn J Vasc Surg 2018; 27: 109–114.)

### Conclusion:

In the treatment of ALI, prognoses of the limbs and survival vary according to the accuracy of evaluation and rapid therapeutic interventions, including revascularization and limb amputation. In determining the treatment strategy by taking into account the precise preoperative diagnosis and additional treatments, preoperative CT examination and intraoperative angiography are extremely useful. The greatest benefit of surgical treatment is, by far, the early elimination of the ischemia. In the treatment of ALI, vascular surgeons should be well experienced in all treatment methods, including surgical and endovascular treatments (as initial and additional treatments), fasciotomy, and primary limb amputation. However, there are fewer vascular surgeons in Japan than in the Western countries and thus fewer institutions where patients can certainly be treated by a vascular surgeon. Therefore, currently, endovascular treatment by a cardiologist or a radiologist is inevitable even in patients in whom surgical treatment is indicated, which should be addressed in the future.

### Biography

George is a vascular surgery registrar, mainly works in vascular and general surgery. He is interested in aorta and carotid research. He has at least 6 published papers. Through his work he hopes that his research activity would be valuable to help people all over the world. George Eskandar is working as a general and vascular Surgeon in James Cook University Hospital, England in UK.

eskandargeorgemrcs@gmail.com

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