

# The Classical 6-P Of Acute Limb Ischemia

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## INTRODUCTION

Acute limb ischemia (ALI) is a surgical emergency and often threatens limb viability. This is a case of a 45-year-old patient who presented with the classical six Ps of ALI.

## CASE DISCUSSION

A 45-year-old lady with underlying hypertension and heart failure presented with acute right leg pain arriving by ambulance at the Emergency Department within 4 hours of the symptom. The patient was clinically obese and seemed very uncomfortable as evidenced by her writhing in pain. She was borderline tachycardic and hypertensive. The cardiopulmonary and abdominal examinations were unremarkable. On extremity examination, she was unable to move her right leg starting from the knee caudally. The leg appeared mottling and cold. On vascular examination, there was no abdominal or femoral bruit but there was a diminished pulsation of the right femoral, dorsalis-pedis and posterior-tibialis arteries as confirmed by Doppler compared to the contralateral side. On the neurological examination, the sensation was absent and no pain upon the passive stretch. Ankle-Brachial-Systolic Index (ABSI) was 0.7. As evidenced by pain, pallor, pulselessness, poikilothermia, paralysis, and paresthesia, clinical diagnosis of acute right leg ischemia was established with most likely vascular occlusion proximal to the left femoral artery. The vascular team was urgently referred. Electrocardiogram showed sinus tachycardia. Bedside ultrasound revealed normal aortic root size and neither aortic dissection nor aneurysm. 2-point compression tests were fully compressible and X-ray films showed no fracture. Creatinine Kinase was 65 unit/liter whereas other blood parameters were unremarkable. She then classified as Rutherford IIB and underwent a right femoral thromboembolectomy.

## DISCUSSION

The presentation of ALI requires rapid diagnosis and appropriate management as it is time-sensitive and limb-threatening. Emergency physicians should be aware of advances in endovascular therapies as a recommended option for the treatment of ALI.



## REFERENCES



## RUTHERFORD CLASSIFICATION

Stage	Prognosis	Findings		Doppler Signal	
		Sensory Loss	Muscle Weakness	Arterial	Venous
I	Limb viable, not immediately threatened	None	None	Audible	Audible
IIa	Limb marginally threatened, salvageable if promptly treated	Minimal (toes)	None	Often inaudible	Audible
IIb	Limb immediately threatened, salvageable with immediate revascularization	More than toes, pain at rest	Mild or moderate	Inaudible	Audible
III	Limb irreversibly damaged, major tissue loss or permanent nerve damage inevitable	Profound, anesthetic	Paralysis (rigor)	Inaudible	Inaudible