

LETTER TO THE EDITOR ΓΡΑΜΜΑ ΠΡΟΣ ΤΟΝ ΕΚΔΟΤΗ

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Intermittent claudication

Intermittent claudication (IC) is a challenging condition more often manifested in older people as back or leg pains during walking for long distances, which frequently is due to some spine disorder; however, it can also be associated with arterial diseases.^{1–4} The major risk factors for IC include smoking, hypertension, dyslipidemias, obesity, metabolic syndrome, diabetes mellitus, aging, male gender, and family predisposition.² The lack of oxygen to the skeletal muscle's metabolism is managed by smoking cessation, antiplatelet agent, cilostazol or statin therapy, blood pressure and glucose control, walking programs, or angioplasty interventions and placement of balloon-expandable stents.^{1–4} Iliac artery obstruction can be related to impacts on the quality of life and mortality; up to 30% of patients may be dead at 10 years, depending upon vascular changes severity.¹ As aortoiliac diseases are involved in most cases among individuals over the age 60,² and there is a tendency to growing the number of people in the oldest age groups, it would be better to pay special attention to the differential diagnosis on arterial disorders.

A recent article published in this journal described a 69-year-old hypertensive and diabetic woman who presented back pain radiating to left leg worsened when walking; study of images showed lumbar spine arthritis, besides calcifications in iliac arteries.³ With diagnosis of severe left common iliac stenosis, she had a balloon-expandable stent; the incidental finding of calcified arteries,

and an endovascular approach were stressed.³ The authors emphasized challenging diagnoses based on clinical data without images.³ A study in Vietnam from 2016 to 2020 included 133 cases of peripheral arterial disease by the TASC II A and B classifications and underwent endovascular intervention; the outcomes were assessed peri-procedure, besides short-term and mid-term follow-ups.¹ There were 34.6% balloon angioplasties and 65.4% stentings, the immediate technical success was 97.7% and the clinical success was 62.4%; although the complications were minimal for patients in general, major limb amputations were needed for 1.5% of them.¹ As the mortality rate was 2.3% in short- and 1.7% in mid-term follow-ups, the authors stressed the favorable outcomes following interventions with a balloon dilation or stents.¹ In the Netherlands, 68 athletes who had endarterectomy of the iliac artery and autologous patch to manage endofibrosis from 1997 to 2015 were evaluated by maximal cycling exercise tests, ankle-brachial index with flexed hips, echo-Doppler, and contrast-enhanced magnetic resonance angiography before and 6 to 18 months after the surgery.⁴ The cycling workload at symptom onset improved, the peak workload and the ankle-brachial index with flexed hips increased, while peak systolic velocity with extended and flexed hip decreased; in short-term 91.2% of patients had symptom improvement and a 93.7% overall satisfaction, and in a median of 11 years the overall satisfaction was 91.7%. The authors emphasized that the surgical intervention performed to alleviate the symptoms of IC due to the iliac artery endofibrosis is a safe and successful procedure.⁴

Case reports contribute to minimizing underdiagnosis and misdiagnosis.

Key words

Angiography
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