

The logo for LINC (Los Angeles Integrated Network for Care) features a stylized, abstract shape in shades of red, orange, and yellow, resembling a flame or a dynamic motion. The letters "LINC" are positioned to the right of this graphic.

LINC

Complex Access for Lower Extremity Thrombolysis

Yong Park, M.D.
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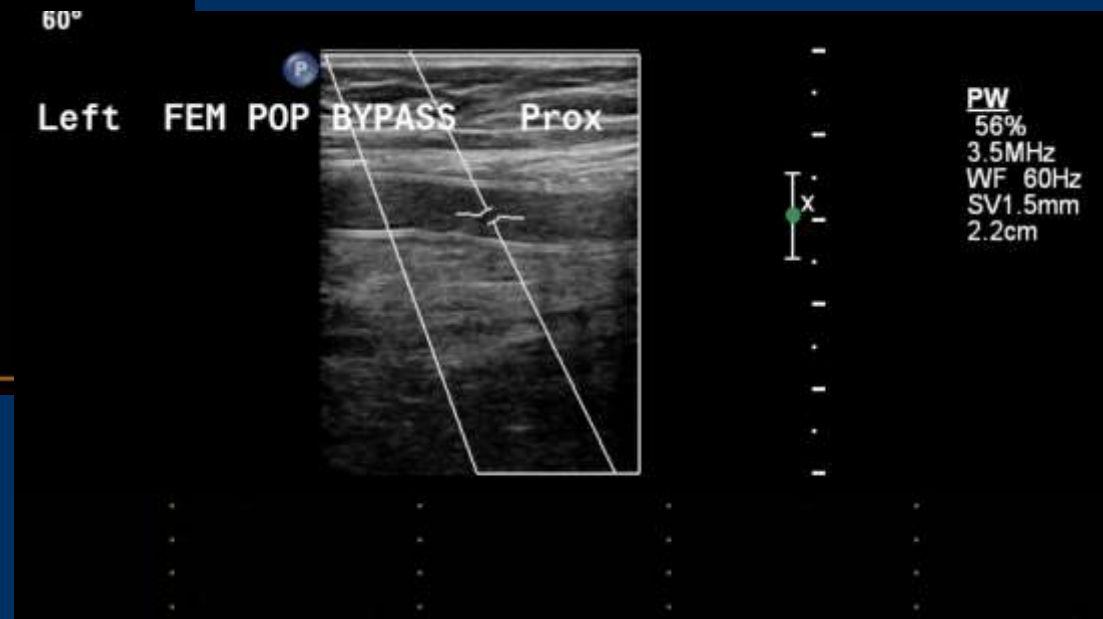
Disclosure

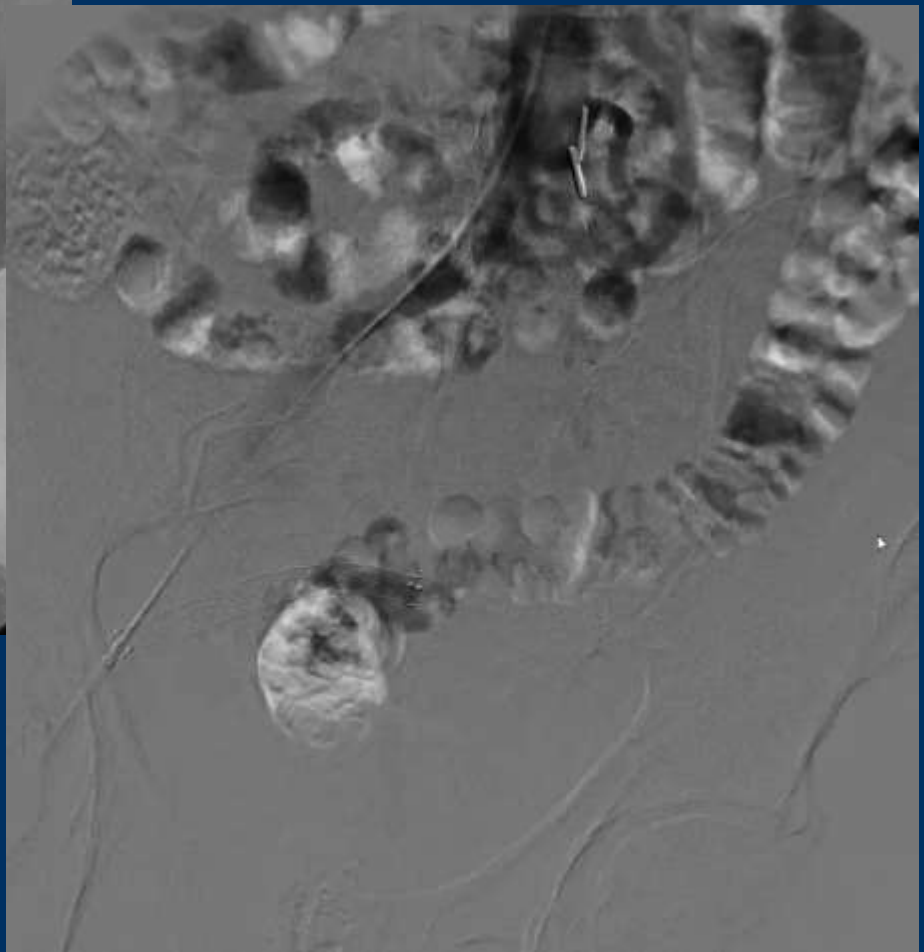
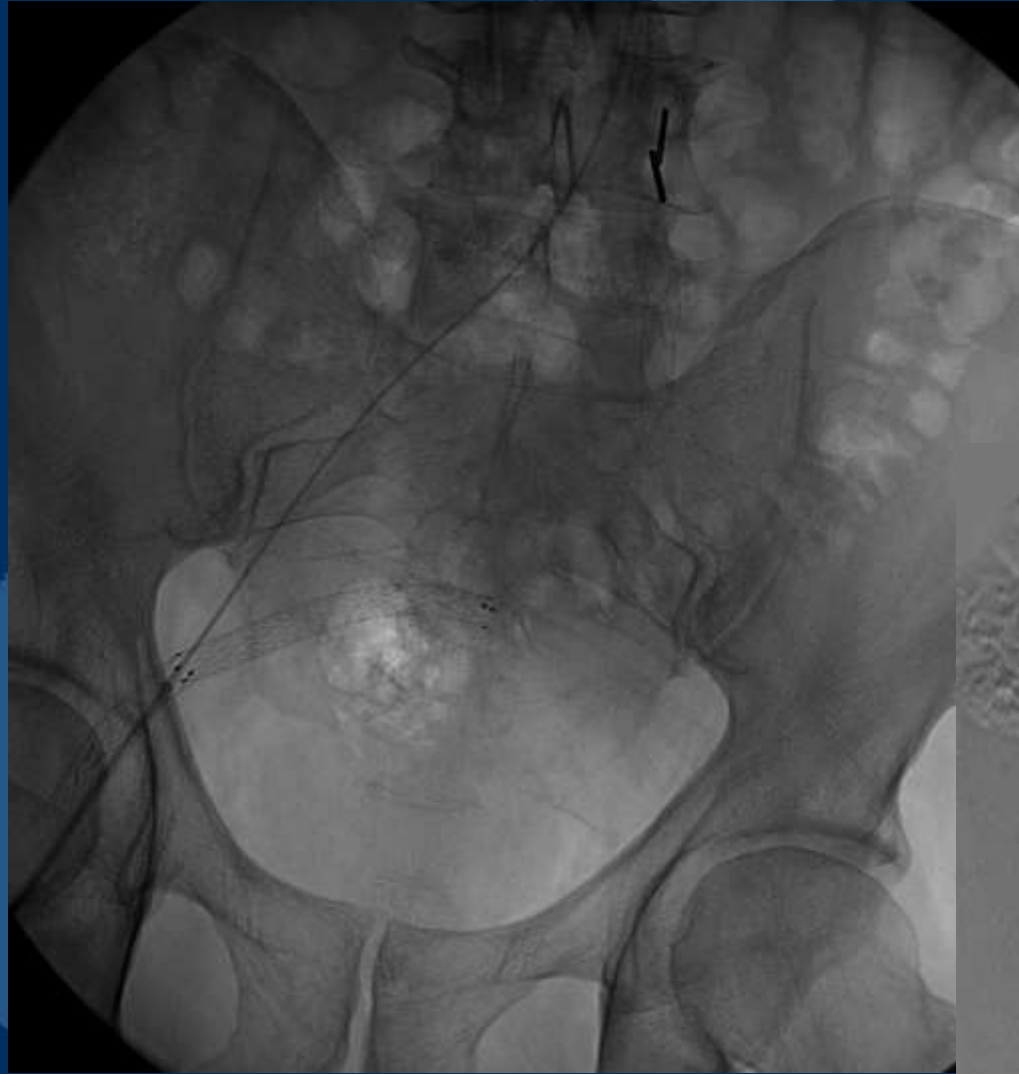
I have no disclosures of conflicts of interest.

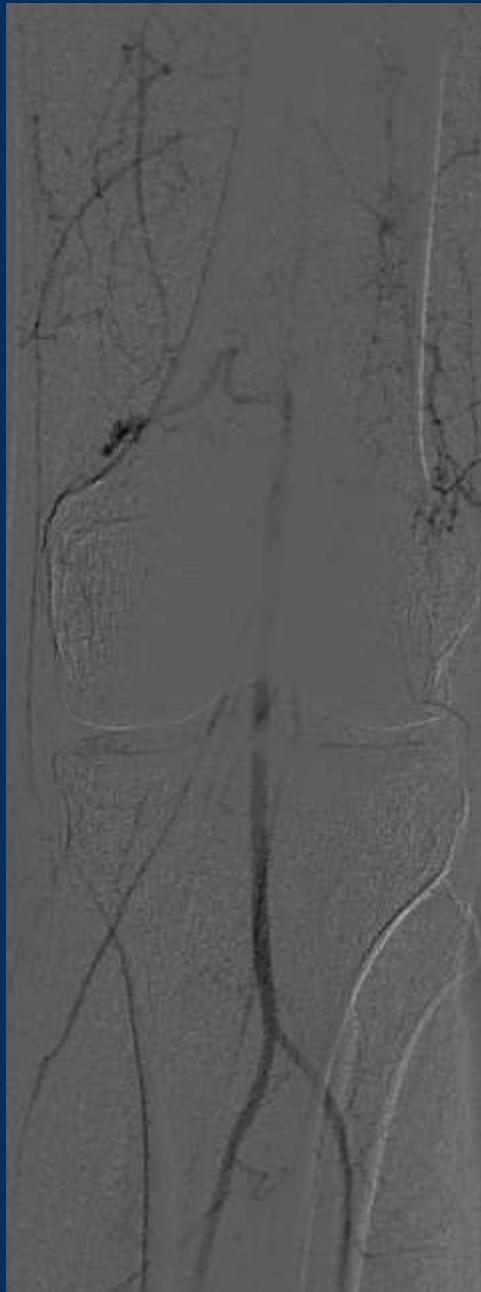
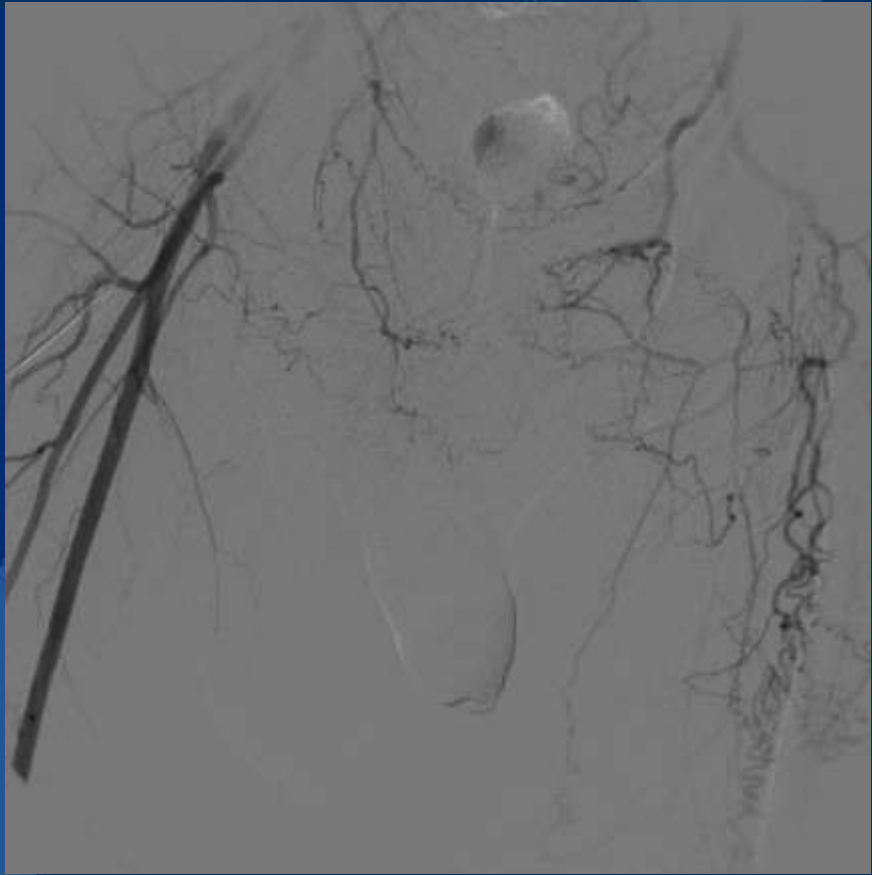
History and Physical

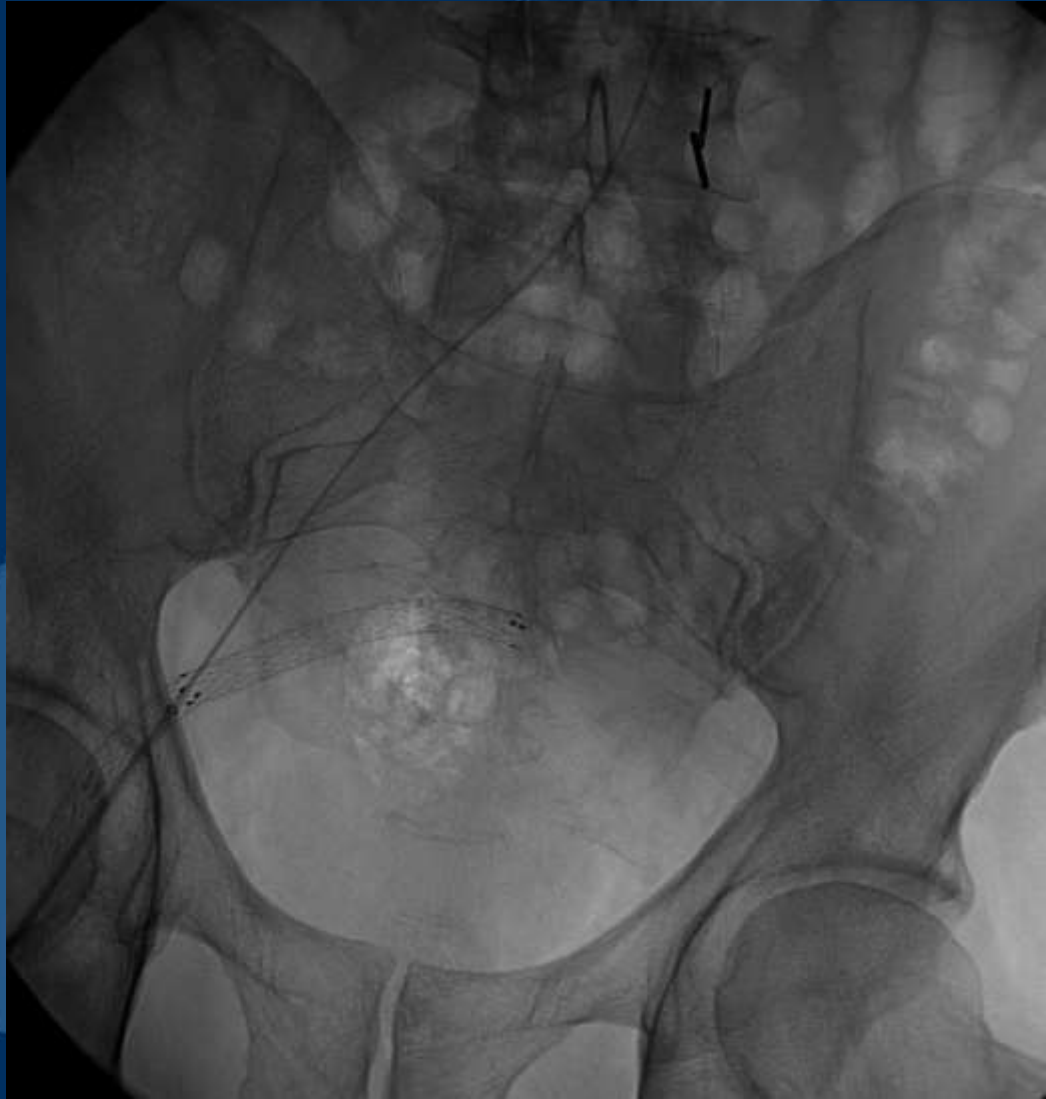
- 60 y.o. male presents to the ED complaining of left leg sharp pain for last 3 days.
- He provides some history of prior horseback riding injury in the remote past as a young man. Rather poor historian.
- PE: Absent left pedal pulses. Left foot is cold but m/s intact. Normal right foot.
- Diagnosis by ED: Left limb ischemia.

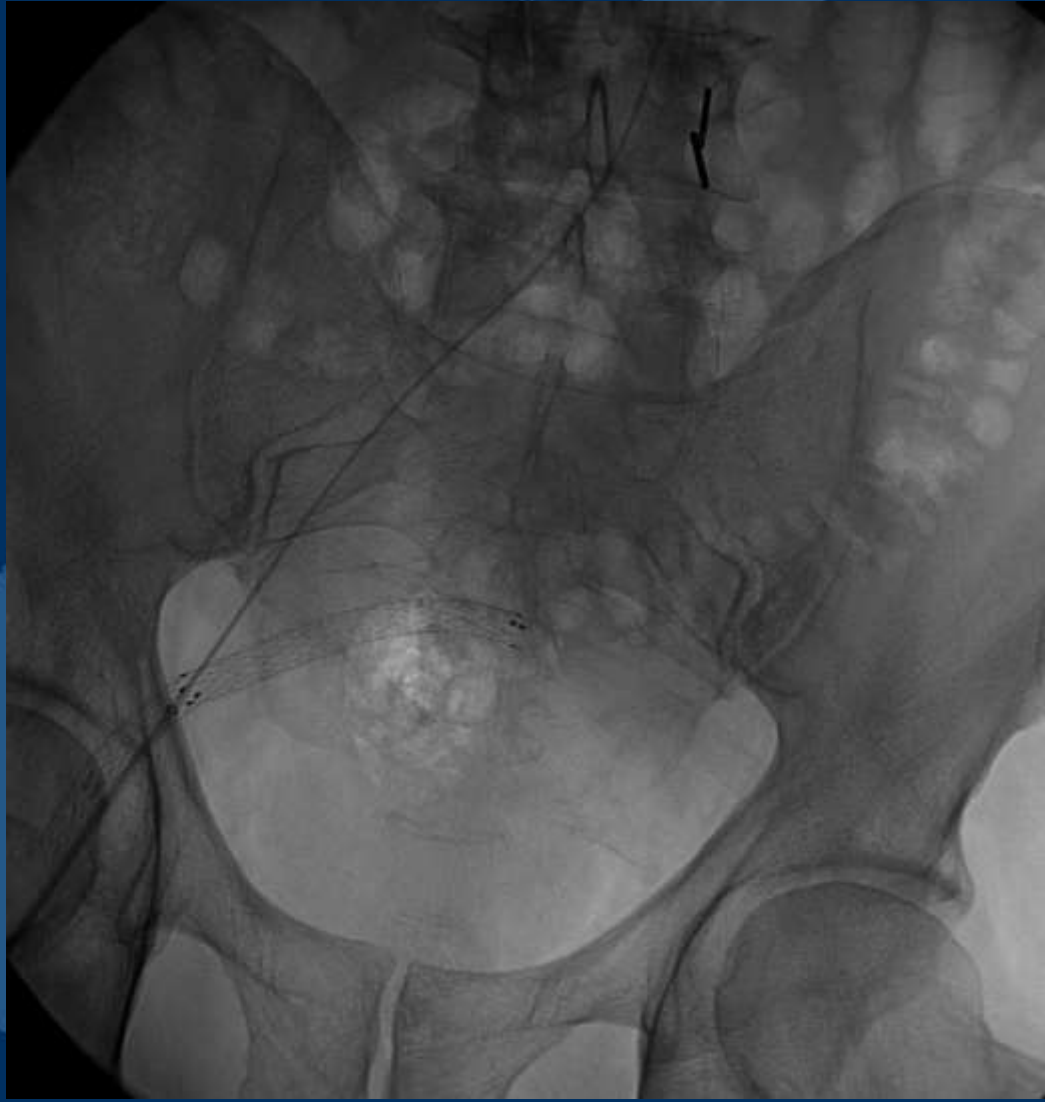
Ultrasound

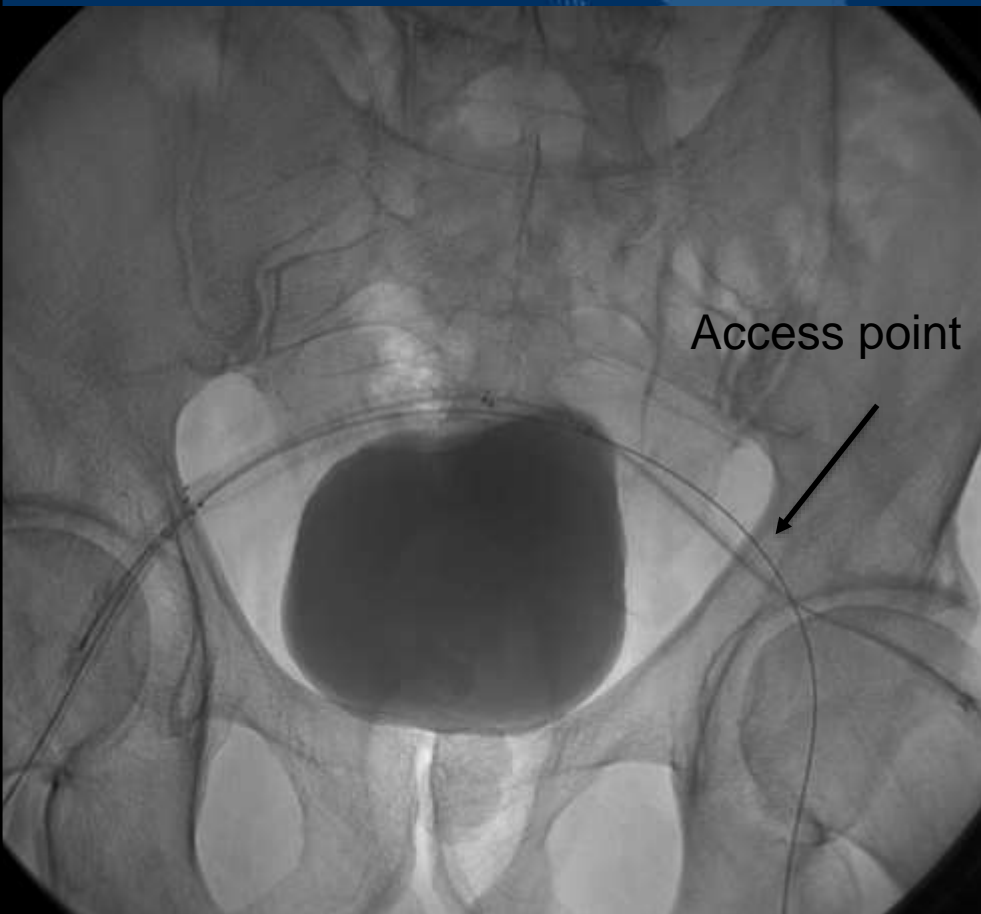


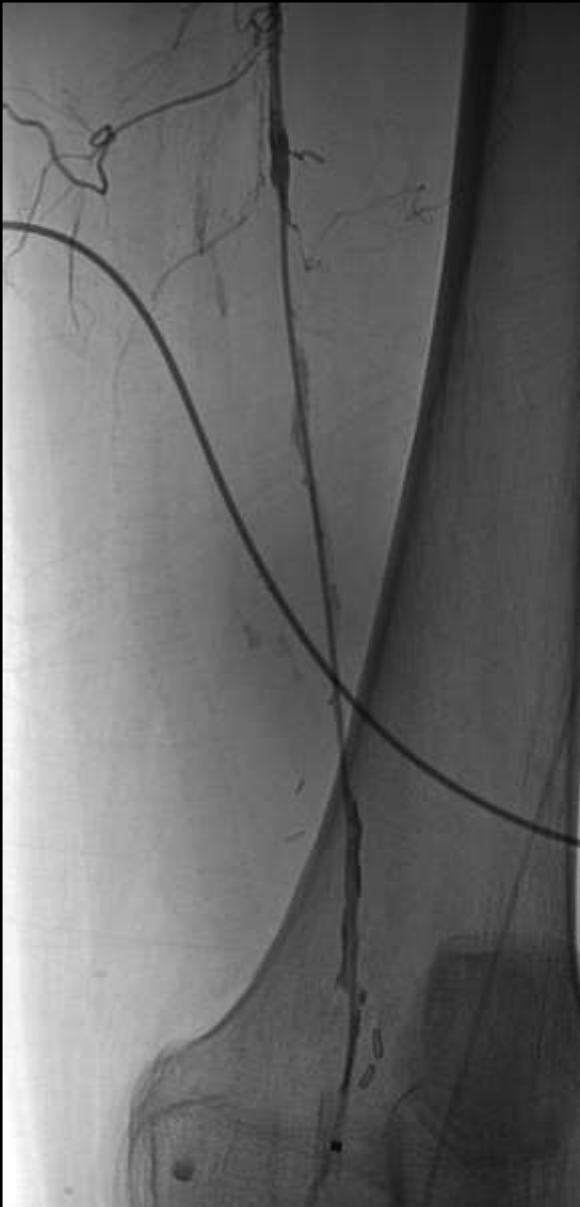




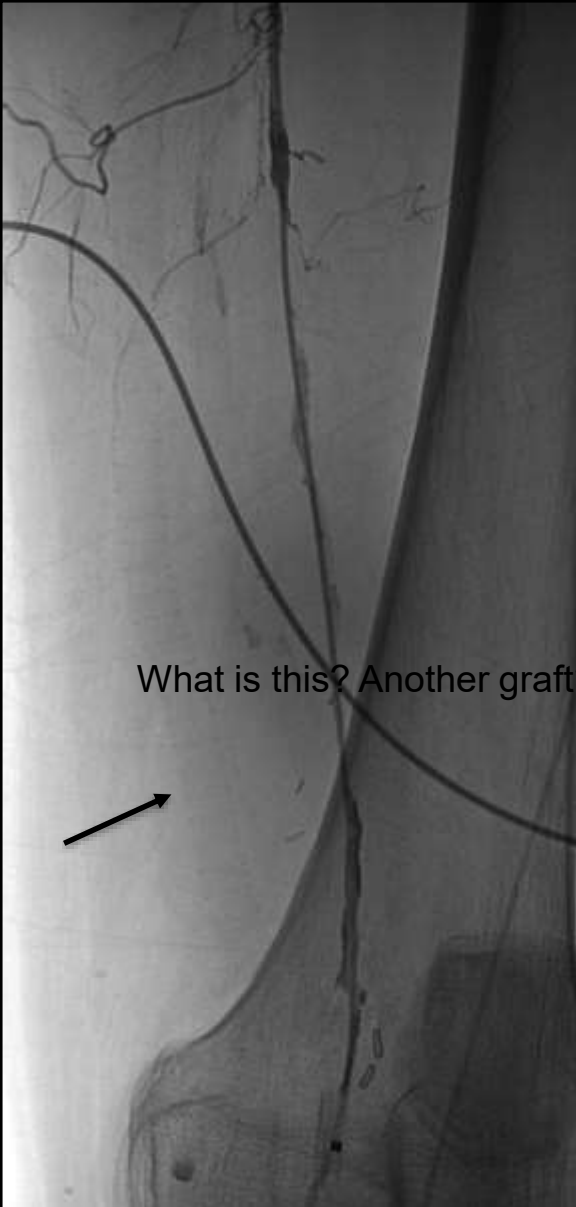








Thrombolysis with TPA initiated at 1 mg/hr



What is this? Another graft? I'll ignore it



Next day...

- After 18 hours of TPA..



Residual Clot. Resume TPA



That same morning the vascular surgeon arrives and states that he has found his old records in his office.

This patient has a very hostile groin and is not a bypass candidate.

Later that day

- Patient has transient improvement.
- Then again becomes increasingly ischemic with loss of sensation.
- Vascular surgeon called and patient taken to the OR...very reluctantly....



Cut down for fogarty
thrombectomy

Successful thrombectomy

- 4 days later, patient becomes ischemic again... asked for another angiogram.



TPA infusion started again..

Next day





- Patient discharged on oral anticoagulant.
- Residual motor and sensory deficit.

4 months later he presents to the
ED....



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