

A Case Study

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CASE PRESENTATION:

A sixty-two year old retired car salesman presented with pain in the toes of his left foot. The pain had been present for three weeks increasing in intensity and worse at night.

HISTORY:

There was a past history of a right cerebrovascular accident (with dense hemiplegia affecting the body on the left side), hypertension, cholecystectomy, diverticular disease and prostatitis.

There was no history of back pain, sciatica or claudication and prior to the onset of pain he was able to walk up to one kilometre per day.

EXAMINATION:

Examination for the lumbar spine proved normal with expected hyperflexion in the left leg following the C.V.A. Pulse was 80, blood pressure 150/70.

Both femoral pulses were present with the right leg showing a popliteal pulse but the left popliteal pulse was absent. Dorsalis pedis and posterior tibial pulses were absent in both feet. The left foot was cold, pale and would not blanch.

CLINICAL DIAGNOSIS:

A markedly ischaemic left foot. The patient was referred to hospital immediately for further investigation and management.

HOSPITAL INVESTIGATION:

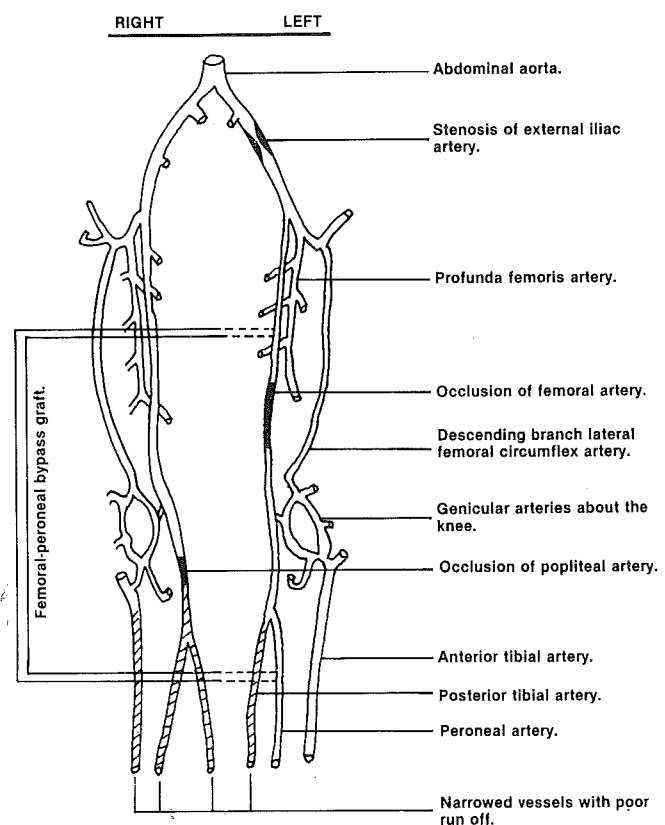
Doppler studies of both popliteal arteries confirmed a markedly reduced blood flow with a pressure index (0.32) in the left leg and a slightly reduced index (0.73) in the right leg (normal being 1). Subsequently, an angiogram showed a left iliac artery stenosis and an occluded left femoral artery with poor run off, but a patent left peroneal vessel.

In the right leg the distal popliteal artery was occluded with more distal vessels being affected

by arteriosclerosis yet with sufficient circulation to allow reasonable flow (see diagram).

TREATMENT:

A surgeon undertook a left common femoral peroneal reverse saphenous vein bypass graft. Naturally the vein is reversed to face their valves with the direction of flow. Post-operatively the foot circulation was much improved with no further pain. Operative angiogram showed good run off of blood although no distal pulses were palpable. On discharge he was ambulating well with the aid of a stick.



DISCUSSION:

Although an uncommon presentation in a Chiropractor's clinic, this case highlights the need for an adequate examination of the vascular supply in all cases of pain in the lower extremities.