

Introduction

Acute limb ischemia (ALI) is a limb-threatening emergency encountered in the Emergency Department (ED), caused by a sudden, significant reduction in limb blood flow. If not immediately recognized and treated, it may lead to limb loss. Diagnosis remained a challenge as it requires a high index of suspicion.

Case Description

We reported two cases of ALI presented to ED, highlighting different extents of disease presentation. Both were elderly (around 70+ years old) with a history of diabetes and hypertension. The first patient was referred by a nearby clinic following right lower limb weakness and numbness for three days with no other significant history. In the hospital, ALI was immediately suspected as examination revealed the 6 Ps: pallor, poikilothermia, pulselessness, paresthesia, paralysis, and pain. The second patient presented to a district hospital with an initial decrease in functional status, progressively worsening level of consciousness and shortness of breath. He was referred for a head CT with a working diagnosis of recurrent CVA and orthostatic pneumonia. However, examination revealed poikilothermia and pallor of the right upper limb. The family was unsure regarding symptoms duration. Both cases were referred to the surgical team. Doppler assessment revealed significantly reduced blood flow and urgent embolectomy was performed. The first patient was discharged well post-operation. However, the second patient succumbed to complications of his illness.

Discussion

ALI is classified according to the Rutherford criteria based on the severity at presentation. The symptoms can be variable, leading to diagnostic challenges, especially in patients with comorbidities as seen in these two cases. In geriatric population, symptoms may be masked by underlying conditions such as diabetic neuropathy¹. The classic “six Ps” of ALI are rarely encountered at once particularly in elderly resulting in delayed diagnosis of exceeding six hours and increased risk of amputations². Early anticoagulation in elderly patients presenting with neurological symptoms may be contraindicated without prior CT imaging to exclude intracranial bleeding.

Conclusion

Atypical presentation of ALI in elderly patients demand a high index of suspicion especially when symptoms overlap with other common geriatric illnesses. Early recognition through meticulous examination is essential to improve limb salvage and survival.

Keywords: Elderly, Acute Limb Ischemia, Atypical

References

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