

55 yr gentleman presented with left upper limb pain on exertion and lifting weights. There were no other symptoms suggestive of PAD or CAD. He did report an occasional giddiness. No other comorbidities. He was a known smoker. Clinical examination showed feeble left radial and ulnar pulses, normal femoral pulses bilaterally and faint distal lower limb pulses. ECG and echo normal.

CT Aortogram with left upper limb angiogram showed normal ascending, arch and descending aorta; long segment thrombosis of bilateral SFAs with reformation via collaterals from DFA and ostioproximal occlusion of left subclavian with reformation via ipsilateral vertebral artery s/o steal.

Coronary angiogram showed 80% stenosis in the mid LAD. PTCA to LAD done via right radial approach.

Thereafter peripheral angioplasty of the left subclavian artery was done completely via the left radial arterial approach with good result. Patient was started on a DPI regimen for 6 weeks followed by DAPT. Importance of quitting smoking was emphasised.

In the immediate follow up period - no hematoma or other vascular problems noted. There was no near deficit either. On intermediate follow up of 6 months, left brachial, radial and ulnar pulses are palpable and patient does not have any symptoms as previously. Color doppler of the left upper limb arterial system showed triphasic flow in the subclavian, axillary, brachial and ulnar arteries with biphasic flow in the distal radial artery.

Of note the peripheral angioplasty procedure was done completely from the left radial artery only.