



We prevent more than 80% of amputations in patients who were told there was no other option.

CLI CASE OVERVIEW - A. RAMSEY ABADIR, MD

Consultation—History

82 year-old male presented with painful blistering ulcerations on the anterior surface of the left lower leg progressively worsening over 4 months despite wound care. Patient also complained of "tiredness" in the left leg on ambulation; no distal pulses palpable; history of stent placement in left leg.

PMHx:

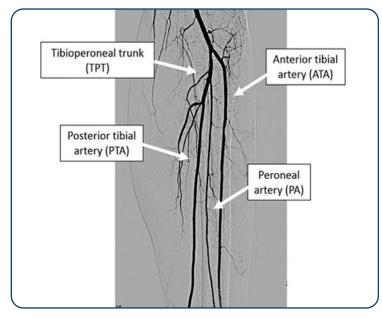
Coronary Artery Disease s/p CABG and coronary stents HTN Atrial fibrillation PVD Prior smoker

Medications:

Metoprolol Lisinopril Coumadin

Preliminary Evaluation:

- Lab Evaluation: Lipids
- Start Statin Therapy
- Discuss with cardiology re: changing from Coumadin to antiplatelet therapy
- Arterial Duplex: Diffuse disease with 75% stenosis of proximal SFA, occluded anterior tibial artery and slow monophasic flow in posterior tibial and peroneal artery
- Occluded ATA and poor collateralization (right)



Initial Clinical Images (Normal - above; This Patient - below)





"Great bedside manner, really listened to me and explained the procedure carefully... First time patient and was amazed by the friendliness of the young man in the reception area; he welcomed me; this practice was never afforded me at other doctors offices I have visited; kudos! Was impressed with Dr. Abadir and how he handled my case; would definitely recommend him to family and friends."

No patient should undergo an amputation without seeing us first.

Treatment and Procedures:

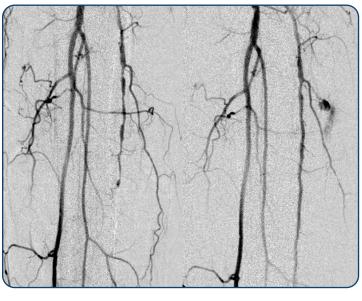
Angiography with Angioplasty/Atherectomy and Stent as needed.

Right: Proximal SFA stenosis treated with atherectomy and angioplasty.

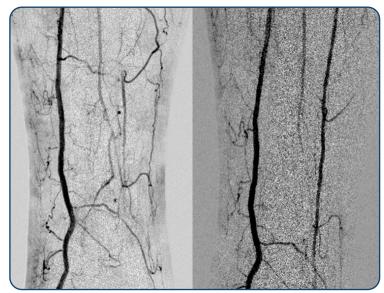
Below: Post atherectomy and angioplasty (left) and restored patency of AT (right)











Pre-op Post-op

Follow-up:

- Wounds have progressively healed.
- Pain in leg has significantly improved.

Discussion:

- Unusual Manifestation of PAD Include PAD in DDx of any patient with risk factors (HTN, DM, smoking, family Hx) and ulcers.
- Maximize medical management with statins and anti-platelet therapy.
- Complex endovascular interventions are now feasible for distal vessel disease.





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A. Ramsey Abadir, MD - Interventional Radiologist

Dr. Abadir earned his medical degree and completed his internship at the Albert Einstein College of Medicine, followed by a diagnostic radiology residency at Montefiore Hospital and Medical Center. Specializing in interventional radiology, Dr. Abadir received specialty fellowship training at Columbia Presbyterian Hospital. He is board certified by the American Board of Radiology in diagnostic radiology, with a certificate of added qualification in vascular and interventional radiology.

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