

Brief report in vascular medicine ERGOTAMINE-INDUCED ACUTE VASCULAR INSUFFICIENCY OF THE LOWER LIMBS

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A 52-years-old female presented with acute severe claudication of lower extremities. Clinical examination and Doppler sonography revealed weakened pulsation of femoral arteries, but no detectable pulsation in both popliteal arteries and at more peripheral sites. Emergency multislice computed tomography (MSCT) angiography, using intravenous injection of non-ionic medium, demonstrated the morphology of bilateral and symmetrical smooth tapered narrowing of iliac and femoro-popliteal arteries. The patient suffered from recurrent erythema nodosum in her legs for 6 months. The patient's medical history was typical for a person who suffers migraine headaches. During the previous two years, she received analgesic treatment with ergotamine tartrate. She also received propranolol 20 mg three times a day for 15 years too.

Given this history and our evaluation of the angiographic images, we presumed ergotamine-induced vasospasm as the most likely diagnosis. Therefore, we favored an approach with the following treatment aspects:

1. Cessation of treatment with ergotamine-containing drugs.

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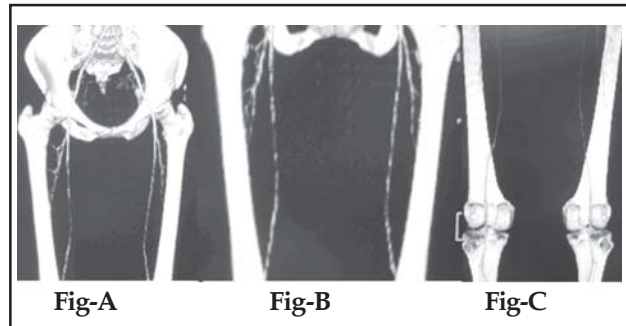


Figure 1: Multislice computed tomography (MSCT) angiography shows symmetrical smooth tapered narrowing of (A) iliac and (B&C) femoro-popliteal arteries in a 52-years-old female patient managing her migraine headache with ergotamine.

2. Treatment with heparin and antiplatelet agents as prophylaxis to prevent secondary thrombosis related to stasis.
3. Management of headache using safer medication. With this therapeutic concept, symptoms indicating arterial ischemia soon disappeared.. After few days, the patient had no complains and revealed normal femoral and distal pulses. This case shows that the importance of a careful medication history cannot be over-emphasised. Furthermore, ergotamine agents, now largely superseded by newer medications, should be prescribed with caution.

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