Iliac Artery Occlusive Disease

Iliac artery occlusive disease is blockage of the large arteries supplying blood to the pelvis and legs. Risk factors include diabetes, high blood pressure, and smoking. This blockage is treated differently depending on whether it developed slowly (progressive) or suddenly (acute). The typical symptoms of progressive disease are pain, numbness, and tiredness in the legs when walking and standing, which worsens with time and improves with rest. Typical symptoms of acute disease are sudden leg pain and weak pulse in the groin. The leg may turn cold or blue.

For patients with worsening symptoms, diagnosis is made by physical examination, including blood pressure difference between the leg and arm, blood test to measure fat (lipid) content, and an ultrasound scan of the leg. If the tests show decreased blood flow to the legs, a CT or MRI with intravenous contrast material designed to show blood vessels (CT angiography (https://www.radiologyinfo.org/en/info/angioct) or MR angiography (https://www.radiologyinfo.org/en/info/angiomr)) is used to find the blood vessel that is blocked and to figure out the size of the blockage.

Acute patients should be imaged with CT angiography. For patients that are allergic to the contrast material, results of the blood pressure testing and ultrasound are used for diagnosis.

Acute patients should be treated immediately with blood thinners. For both acute and progressive patients, CT angiography and MR angiography are used to decide between placing a catheter inside the artery near the blockage and dissolving it or surgically removing or bypassing it. Treatment may include medications that interfere with clot formation to prevent blockage from coming back. *For more information, see the Peripheral Artery Disease (https://www.radiologyinfo.org/en/info/pad) page.*

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