HISTORY AND PHYSICAL EXAMINATION

A 3-year-old boy diagnosed as Tetralogy of Fallot underwent cardiac catheterization for diagnostic study. Physical examination revealed central cyanosis, systolic ejection murmur at left upper parasternal border with clubbing of fingers. Oxygen saturation in room air was 70 percent.

During procedure, the left femoral artery was punctured with one attempt. Heparin 50 units/kg was given after insertion of 5F arterial sheath. The procedural time from vascular puncture was twelve minutes.

One day after cardiac catheterization, the diminished pedal pulse with cold left leg was recognized. Heparin was given at once. Heavy gauzes with compressive bandage dimension 3x4x5 cm was found at left groin. Twelve hours after heparin infusion, the computed tomographic angiography (CTA) revealed intraluminal thrombus (2.8 cm in length) causing complete occlusion of left common femoral artery with the reconstituted branches from left external iliac artery supplied to left popliteal and tibial artery.

The operative findings revealed constriction of the common femoral and superior femoral artery diameter of two and four millimeters, respectively. Thromboembolectomy was performed by 3F Fogarty catheter, however, no intraluminal clots were detected. Both vessels dilated up to five millimeters and pedal pulse was recovered at the end of operation. Enoxaparin was given following the heparin at one week. Two months after cardiac catheterization, the CTA demonstrated slight progression of common femoral-artery occlusion (3.6 cm in length) with the normal reconstructed flow to distal arteries (Figure 2). He has not received another vascular surgery, as he had not exhibited signs of claudication or limb ischemia.
**INDICATION FOR INTERVENTION**

Limb ischemia

**INTERVENTION**

Figure 1 Postprocedural 36 hours CTA revealed complete occlusion of left common femoral artery, 2.8 cm in length.

Figure 2 Postprocedural 2 months CAT revealed complete occlusion of left common femoral artery, 3.6 cm in length with collateral arteries.
Surgical thromboembolectomy

LEARNING POINTS OF THE PROCEDURE

1. Excessive compression not only contributed vascular stasis but also precipitated arterial spasm which is the major mechanism of vessel-related thrombosis.

2. Late detection of vascular insufficiency had been an important factor on the thrombosis and ischemic progression.

3. Thrombolysis should be an appropriated treatment for the patients whom has no contraindications with the aim to improve vascular supply and avoid surgical complications.

4. Bolus heparin prophylaxis should be changed to 100 units/kg to achieve the best efficacy, particular in the high-risk patients.