

PS1.032

Temporary distal cyanosis: a case report

Juan Paz Galiana(1), M Ariza González(2), M del Carmen Faz García(2), LA Calleja Cartón(3)

(1) General Hospital of Tomelloso, Emergency Area. (Tomelloso, Spain)

(2) Health Center El Palo (Málaga, Spain)

(3) Basic Health Unit of Sant Llorenç des Cardassar (Illes Balears, Spain)

Corresponding author: Dr Luis Antonio Calleja Cartón, CS Son Servera (Illes Balears), UBS Sant Llorenç Des Cardassar, Sant Llorenç des Cardassar, Spain. E-mail: luisantcalleja@hotmail.com

Chief complaints: 50 year old male who was attended by referring it for 2 weeks the right toes will change color and become cold.

Personal medical history: smoker of 30 pack-year.

Present illness: the patient refers to the right toes change color to become blue and cold for 2 weeks returning to normal in a few minutes without residual symptoms. No pain or other symptoms associated with other organs or devices. It is the first time that happens and he doesn't know the cause.

Physical examination: Cardio-respiratory auscultation is normal, rhythmic without murmurs.

Abdomen: soft and palpable masses or organ enlargement or no sore spots. Stresses pulsatile abdominal mass or blow without alteration distal pulses at the time of exploration observed.

Neurological: no focal neurological signs or sensory or motor deficits. Arms and Legs: we don't find trophic or vascular changes with palpable distal pulses. Hemodynamically stable with blood pressure 120/85 and heart rate 75 bpm.

Clinical suspicion: abdominal aortic aneurysm.

Evolution: we referred the patient to an urgent care centre and make complementary study.

The patient was evaluated for a cardiovascular medicine specialist at the hospital and made a CT angiography scan that showed occlusion on right iliac artery; they decided to make an angioplasty and stent placement. The recovery was satisfactory and the patient continues with specialist reviews every six months.

Conclusions: we have to make a complete clinical exploration and if we find warning signs we must referred to urgent care to avoid serious complications.