Vascular Injuries by Ankle Strangulation: A Case Report.
Department of Vascular Surgery D, Ibn Sina Hospital, Rabat, Morocco; postal code: 10170.

*Corresponding author
Abdelkarim Kharroubi
Email: karimvasculaire@gmail.com

Abstract: Vascular injuries are a major cause of morbidity and mortality. In this report, we describe the case of a young man with a serious ankle trauma by strangulation causing vascular lesions of the three axes of the leg. This is the first reported case of such a trauma. Given the risk and severity of the lesions, it was important to do a primary amputation of the leg.

Keywords: ankle, strangulation, arteries, amputation.

INTRODUCTION
Ninety percent of arterial trauma affects the arteries of the limbs, and their appearance has changed profoundly in the past ten years with etiologies diversification [1]. Benign ankle trauma may be associated with arterial lesions and affect the functional limb prognosis. We report the case of an exceptional situation of severe trauma of the ankle by strangulation with three vascular axes injuries leading to a primary leg amputation.

CASE REPORT
A 24-year-old fisherman, without medical history, was admitted to the emergency department of Avicenne Hospital in Rabat (Morocco), 48 hours after a severe trauma to his right ankle. The mechanism was special: it was a severe ankle trauma by strangulation with a rope from a fishing boat in the Dakhla region. The patient was transported by helicopter to Agadir then to our department for care. The examination at the admission showed an advanced right foot ischemia, with strangulation along the circumference of the right ankle (Figure 1).

An angio-Computed tomography with reconstruction was performed in emergency and shown a stop of the blood flow in the three arteries in the lower part of the right leg without bone involvement (Figure 2).
Given the severity of the trauma with injury of all adjacent structures (arteries, veins, nerves and tendons) and the condition of the foot, leg amputation was performed. The evolution was marked by a good healing of the stump with adapted equipment (figure 3).

DISCUSSION
Several injury mechanisms have been described for the vascular injuries of the lower extremities [1]. To the best of our knowledge, this case is the first ankle trauma report by strangulation generating an arterial thrombosis of three axes without bone lesion with advanced foot ischemia.

During strangulation, arterial thrombosis is the result of a trauma by direct compression on the bone relief. Physiopathologically, the artery intimal injury is the starting point of thrombosis, either in situ or through a dissection of the arterial wall. The traumas by strangulations are characterized by its prevalence in young adults and male sex, with a late treatment time (Table -1). For our patient, the injury of the three
arteries was pertinent because we did not find such cases in any literature.

Table-1: Case reports of the ankle trauma including vascular injury without fracture

<table>
<thead>
<tr>
<th>Case Reports</th>
<th>Terrain</th>
<th>mechanism</th>
<th>Delays in the diagnosis of arterial injury</th>
<th>treatment</th>
<th>evolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maguire et al.[10]</td>
<td>19 old year man, basketball</td>
<td>inversion of the foot</td>
<td>5 days</td>
<td>Peroneal artery aneurysm</td>
<td>Excision+ by-pass</td>
</tr>
<tr>
<td>Rainey RK et al.[11]</td>
<td>27 old year man</td>
<td>inversion of the foot</td>
<td>4 weeks</td>
<td>Peroneal artery false aneurysm</td>
<td>Ligature</td>
</tr>
<tr>
<td>Bandy et al.[12]</td>
<td>22 old year woman, volley-ball</td>
<td>inversion of the foot</td>
<td>25 days</td>
<td>Peroneal artery false aneurysm</td>
<td>Embolisation</td>
</tr>
<tr>
<td>Rians et al.[13]</td>
<td>16 old year man, athlete</td>
<td>inversion of the foot</td>
<td>8 weeks</td>
<td>Peroneal artery false aneurysm</td>
<td>Embolisation</td>
</tr>
<tr>
<td>Marks et al.[14]</td>
<td>28 old year man, basketball</td>
<td>Anklesprain</td>
<td>8 weeks</td>
<td>Posterior tibial artery false aneurysm</td>
<td>Excision Ligature</td>
</tr>
<tr>
<td>Rooney JJ et al.[15]</td>
<td>45 old year woman</td>
<td>inversion of the foot</td>
<td>2 days</td>
<td>Anterior tibial artery false aneurysm</td>
<td>By-pass</td>
</tr>
<tr>
<td>Dhawan A et al.[16]</td>
<td>35 old year man, basketball</td>
<td>inversion of the foot</td>
<td>2 days</td>
<td>Disruption of the anterior tibial artery</td>
<td>By-pass</td>
</tr>
<tr>
<td>Chougle et al.[17]</td>
<td>33 old year man, football</td>
<td>Eversion of the foot</td>
<td>Immediate</td>
<td>Posterior tibial artery Intimal tear</td>
<td>By-pass</td>
</tr>
<tr>
<td>Ward NJ et al.[3]</td>
<td>Anklesprain</td>
<td>One day</td>
<td>Peroneal artery rupture</td>
<td>Ligature</td>
<td>Favorable</td>
</tr>
<tr>
<td>Brzakala et al.[2]</td>
<td>50 old year man</td>
<td>inversion of the foot</td>
<td>17 days</td>
<td>Posterior tibial artery thrombosis</td>
<td>By-pass + secondary amputation</td>
</tr>
<tr>
<td>Kemp MA et al.[4]</td>
<td>24 old year man, football</td>
<td>inversion of the foot</td>
<td>Immediate</td>
<td>Peroneal artery rupture</td>
<td>Ligature</td>
</tr>
<tr>
<td>Yu-Pin Chen et al. [5]</td>
<td>24 old year man</td>
<td>inversion of the foot</td>
<td>Immediate</td>
<td>Peroneal artery rupture</td>
<td>Ligature</td>
</tr>
<tr>
<td>Our case</td>
<td>24 old year man, fisherman</td>
<td>strangulation by rope</td>
<td>2 days</td>
<td>The leg three arteries thrombosis</td>
<td>Amputation</td>
</tr>
</tbody>
</table>
The severity of leg arteries injuries is conditioned by the level of arterial disease and the number of affected arteries [1]. To have foot ischemia produced by the leg arterial lesions, the three axes must be affected by arterial trauma. However, the ischemia can be the result of a single permeable axis breach in an arteritic patient or during a constitutional arterial variation (5% of cases have mostly a single axis). In our case the ischemia was induced by three arterial axes thrombosis in a non-arteritic patient.

In civil practice, several series reflects the seriousness of these arterial lesions, with 60% of amputations in patients with lesions of the three vascular axes leg and 50% for lesions of the tibiofibular trunk [6].

Immediate amputation is always a difficult decision, that balances the chances of enduring conservation of a functional member, and the risk of morbidity and mortality associated to the conservative treatment. Also a well paired amputation of the lower limb has a much greater functionality than the one of an insensitive and impotent member [1].

A meta-analysis of 214 studies, objectified that among 1138 patients with severe lower limb trauma, 769 (67.5%) were amputated while 369 (32.5%) had only received reconstruction [7].

The questions to ask before a severe trauma of the lower limb are [8]:
1. Is limb salvage feasible (considering the damaged extremity systems)?
2. Is limb salvage advisable?
3. If embarking on salvage, what are the management priorities?
4. When should secondary amputation be considered?

The impact of the amputation is not only psychological but also social and economic. Our patient had already foot ischemia at admission (Figure 1), which leads to a leg amputation after preparing the patient and his family [9].

CONCLUSION
Arterials thrombosis following injury without fracture of the ankle is rare. Its occurrence in the three arteries of the leg is exceptional, causing ischemia with some serious consequences.

REFERENCES
5. Yu-Pin Chen, Wei-Pin Ho, Poo-Kuang; Wong Acute compartment syndrome secondary to disruption of the perforating branch of the peroneal artery following an acute inversion injury to the ankle; International Journal of Surgery Case Reports 2014; 5(12):1275–1277.

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