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Ischaemic Lumbosacral Plexopathy Following Iliac Artery Occlusion in Young Patient: A Case report

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Acute common iliac artery occlusive disease is rare in young adult. Lumbosacral plexopathy usually caused by intervertebral disc herniation. Other causes are epidural compression from traumatic injury, primary and metastatic neoplasms, and epidural haematoma. Lumbosacral plexopathy secondary to iliac occlusive disease is rare and can mimic cauda equina syndrome or lumbosacral radiculopathy. We describe a rare vascular cause of unilateral ischemic lumbosacral plexopathy representing acute paralysis of lower limb in young patient. A 35-year-old man presented to the emergency department with Right lower limb weakness. He only has past medical history of hypertension without any medication. He complained of paresthesia and weakness in his right leg. Whole aorta and lower extremity angio CT were done. The findings were thoraco-abdominal aortic dissection, left external artery occlusion and right iliac artery total occlusion. Thoracic endovascular aortic repair and both bilateral iliac artery stent insertion were done. Manual motor test on his right lower extremity was trace grade otherwise other extremities were good grade. Right lower limb reflexes were absent and there was impairment of sensation in L2 dermatome and below. Needle electromyography and nerve conduction studies were done on right legs and bulbocavernosus muscle. Results showed consistent with right lumbosacral plexopathy with impaired bulbocavernosus reflex. We report a rare case of a 35-year-old young male with lumbosacral plexopathy caused by iliac artery occlusion.