DOI: 10.4274/tjh.galenos.2020.2020.0530 Turk J Hematol 2021;38:222-223

## **Extremity Necrosis Due to Intrauterine Arterial Ischemia**

İntrauterin Arteriyel İskemiye Bağlı Gelişen Ekstremite Nekrozu

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<sup>&</sup>lt;sup>4</sup>Acıbadem University Faculty of Medicine, Department of Pediatrics, Pediatric Hematology Subdivision, İstanbul, Turkey

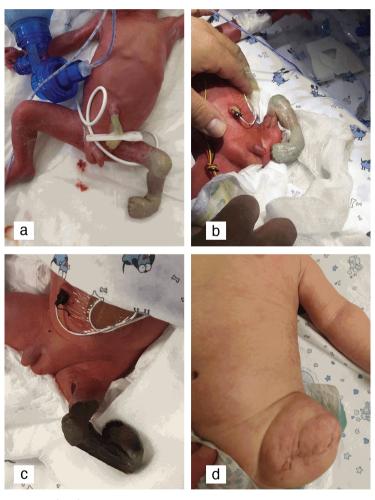


Figure 1. (a-d) Left lower extremity was rudimentary, pale, shorter than the right, and had a club-foot deformity. The demarcation line became clear on the 5<sup>th</sup> day and amputation was performed under the left hip joint.

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Address for Correspondence/Yazışma Adresi: Serdar Beken, M.D., Acıbadem University Faculty of Medicine, Department of Pediatrics, Neonatology Subdivision, İstanbul, Turkey

Phone: +90 532 671 31 96

E-mail: serbeken@gmail.com ORCID: orcid.org/0000-0002-8609-2684

<sup>&</sup>lt;sup>1</sup>Acıbadem University Faculty of Medicine, Department of Pediatrics, Neonatology Subdivision, İstanbul, Turkey

<sup>&</sup>lt;sup>2</sup>Acıbadem University Faculty of Medicine, Department of Orthopedics, İstanbul, Turkey

<sup>&</sup>lt;sup>3</sup>Acıbadem University Faculty of Medicine, Department of Pediatrics, İstanbul, Turkey

A preterm male infant weighing 1230 g was delivered by cesarean section at 32<sup>1/7</sup> gestational weeks. His twin weighed 1300 g and neither required resuscitation. On physical examination, the left lower extremity was rudimentary, pale, shorter than the right, and had a club-foot deformity. Computerized tomographic angiography demonstrated a bluntly filled femoral artery with no distal passage. During follow-up, the demarcation line became clear on the 5<sup>th</sup> day and amputation was performed under the left hip joint (Figure 1).

Laboratory tests including homocysteine, folate, prothrombin time, activated partial thromboplastin time, protein C and S activity, fibrinogen, and antithrombin III activity were within normal limits according to gestational age, except for high D-dimer (4.13 mg/dL). Antiphospholipid and anticardiolipin antibodies were also negative. The patient was found to be homozygous for methylenetetrahydrofolate reductase C677T; thrombosis was not observed in histopathological examination. The patient was successfully discharged from the hospital on the 40<sup>th</sup> day of life.

Arterial ischemia of the limb can be seen after thromboembolic events or vascular interventions [1,2]. Ischemic changes present at birth suggested intrauterine onset causes that might be attributable to occlusive vascular disruption [3]. Diminished blood flow altered normal soft tissue and osseous growth and resulted in ischemia in fetal life, ending with limb loss.

Keywords: Newborn, Ischemia, Arterial

Anahtar Sözcükler: Yenidoğan, İskemi, Arteriyel

Informed Consent: It was received.

## **Authorship Contributions**

Surgical and Medical Practices: S.B., K.S., E.A, A.A., A.K.; Literature Search: S.B., K.S., E.A, A.A., A.K.; Writing: S.B., K.S., A.K.

**Conflict of Interest:** No conflict of interest was declared by the authors.

**Financial Disclosure:** The authors declared that this study received no financial support.

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