

## CASE IMAGE

## Abdominal wall livedo reticularis

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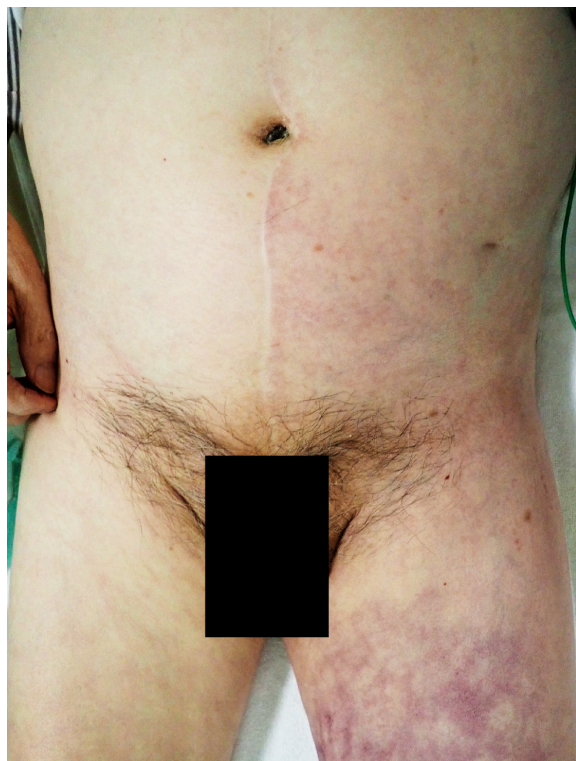
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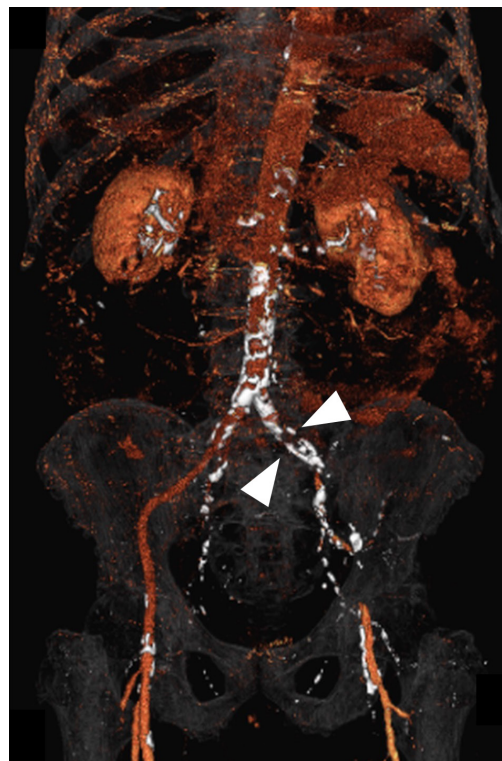
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An 86-year-old man presented to the emergency department with a 7-day history of pain and paralysis in the left lower extremity. He had a history of rectal cancer resected by open abdominal surgery, stroke, and untreated atrial fibrillation. Upon examination, livedo reticularis was observed in the left lower abdomen, localized on the left side of the surgical incision (Figure 1). Computed tomographic angiography of the abdomen revealed an occlusion of the left common iliac

artery, which led to ischemia of the left inferior epigastric artery (indicated by arrowheads in Figure 2). In this patient with a past medical history of abdominal surgery, the vertical surgical incision disrupted collateral blood circulation between the right and left sides. As a result, ischemia of the left inferior epigastric artery led to livedo reticularis with a distinct border. Furthermore, the collateral circulation from the left superior epigastric artery obscured the upper border



**FIGURE 1** Livedo reticularis was observed in the left lower abdomen that was localized at the left side of the surgical incision.



**FIGURE 2** Computed tomographic angiography of the abdomen revealed an occlusion of the left common iliac artery.

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of the livedo. Abdominal wall livedo reflects systemic circulatory failure, such as sepsis, and typically does not occur with a single vessel disruption due to collateral circulation.<sup>2</sup> The distinct unilateral localization of livedo prompted us to consider the possibility of vascular disruption.

#### CONFLICT OF INTEREST STATEMENT

The authors have no relevant financial or non-financial interests to disclose.

#### DATA AVAILABILITY STATEMENT

The data that support the findings of this article are available on request from the corresponding author.

#### ETHICS STATEMENT

Approval of the research protocol: N/A.

Informed consent: N/A.

Registry and the registration no. of the study/trial: N/A.

Animal studies: N/A.

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