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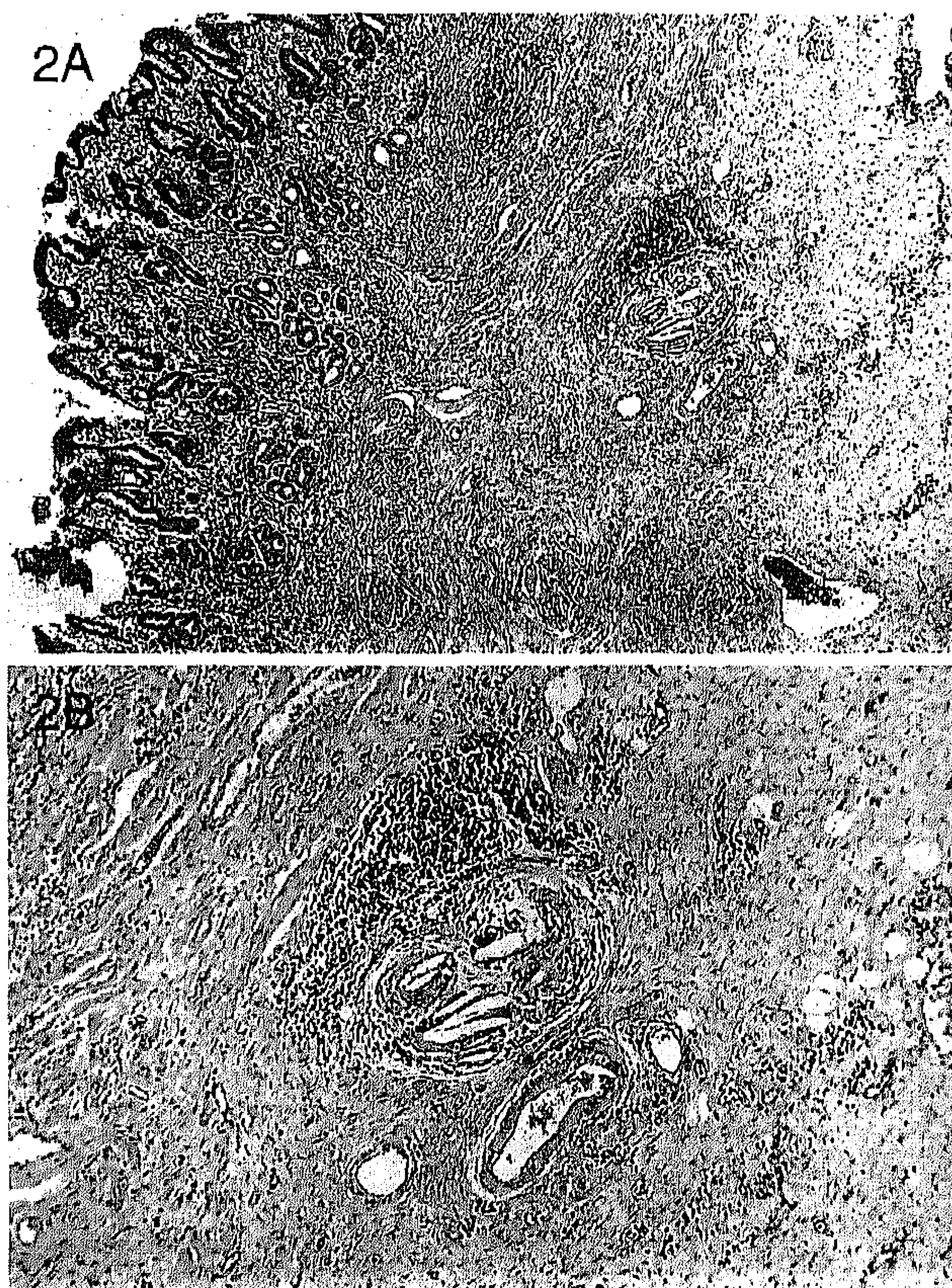
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## Atheroembolic Disease in a Female Patient

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**A** 73-year-old woman was admitted to hospital because of acute myocardial infarction. She was treated with streptokinase, heparin, and coumarin. In addition, she received flucloxacillin, captopril, and frusemide. She made a full recovery but developed renal failure (serum creatinine, 302  $\mu\text{mol/L}$ ). Laboratory investigation revealed prominent eosinophilia (28%). Furthermore, the patient developed gangrenous lesions on both feet (Fig 1). Subsequently, she presented with massive hematemesis; because of continued bleeding from a gastric ulcer, a partial gastrectomy was performed. Histology revealed an ulcer, probably caused by ischemia from cholesterol emboli obstructing the arterial vessels in the submucosal layer (Fig 2), and confirmed the diagnosis of atheroembolic disease. This case reflects typical abnormalities of atheroembolic disease, with renal failure, leg ulcers, and an ischemic gastric ulcer, in a patient receiving anticoagulant treatment.



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*Circulation* encourages readers to submit cardiovascular images to Dr Hugh A. McAllister, Jr, St Luke's Episcopal Hospital and Texas Heart Institute, 6720 Bertner, MC 4-265, Houston, TX 77030.

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