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Limb arterial thrombosis associated with *Mycoplasma* pneumoniae

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Keywords: *Mycoplasma pneumoniae* infection; Contrast computed tomography; Acute arterial thrombosis; Surgical thrombectomy.

Case description

A 3-year-old girl was hospitalized after experiencing fever and cough for 1 week. The patient's body temperature was 38.8°C, and her oxygen saturation was 96% while breathing ambient air. Physical examination revealed coarse crackles. Laboratory analysis performed using particle agglutination test indicated increased titers of antibodies to Mycoplasma pneumoniae, with values of 1:320 (positivity considered at a titer of >1:40) at hospitalization and 1:10240 after 9 days. The patient developed pain and pallor in the left lower extremity 3 days after admission. Furthermore, contrast computed tomography angiography revealed a defect in the left iliac artery (Figure 1). Arterial thrombosis caused by Mycoplasma pneumoniae infection was suspected, and treatment with ampicillin and clarithromycin was initiated. A thrombectomy under general anesthesia restored perfusion (Figure 2). Autoantibodies, protein S, protein C, and lupus anticoagulant levels were normal. Recurrence of symptoms and sequelae were not documented at the 4-year follow-up.

Discussion

To the best of our knowledge, this is the first case report to describe the clinical consequences of surgical thrombectomy. Only four case reports have described cases of children diagnosed with acute lower-limb arterial thrombosis associated with *Mycoplasma pneumoniae* infection [1-4]. Of these reports, two case reported the treatment of patients with urokinase or anticoagulant agents without any complications, whereas the other two did not describe the administered treatment. Consensus on the appropriate treatment dose and duration of arterial thrombosis associated with *Mycoplasma pneumoniae* infection has not yet been established. Additionally, limb arterial thrombosis requires immediate reperfusion, as described in the present case. Thus, surgical thrombectomy can be an effective treatment of choice.

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Figure 1: Computed Tomography (CT) angiography in a 3-year-old girl exhibiting a complete left iliac artery occlusion at the left lower extremity.



Figure 2: CT angiography conducted after the emergent thrombectomy showing a restored left iliac artery perfusion.

Declarations

Conflict of interest: The authors declare no conflict of interest.

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Informed consent: Informed consent for publishing the report was obtained from the patient's parents.

Author contributions: T.N. collected and analyzed the data, and drafted and revised the initial version of the manuscript. Y.S. interpreted all data and critically revised the manuscript for important intellectual content.

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