

Fig. 2.—The arteriographic evidence of enlargement of intimal plaques in case 12. Arteriogram (a) is the initial one while (b) is the repeat arteriogram 165 days later.

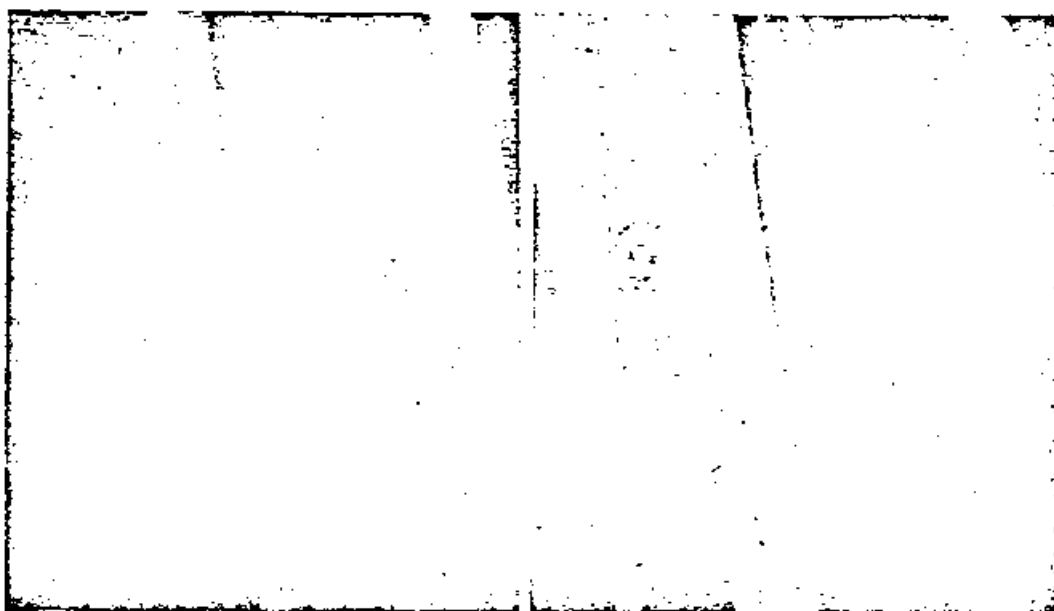


Fig. 3.—The arteriographic evidence of diminution in size of an intimal plaque in case 11. Arteriogram (a) is the initial one while (b) is the repeat arteriogram 110 days later.

## RESULTS

The appearance of the opacified vessels on different examinations was amazingly similar. The thrombosed portions were always similarly located; the profunda femoris always showed the same relationship to the main vessels and provided an opportunity to compare rotation in subsequent examinations. The atheromatous plaques that were visualized on one examination could always be identified on subsequent examinations. The plaques were most common in

the region of Hunter's canal and the upper popliteal artery and varied in length from a few millimetres to 2 to 3 cm. The deeper ones were most easily identified and showed the more dramatic changes while the more shallow ones usually showed little change on different examinations. In areas where the femoral artery was completely thrombosed, the same collateral circulation was demonstrated on later examinations. It is interesting to note that spasm was never encountered during the course of arteriography.