A 61-year-old man consulted our clinic owing to presyncope during exercise treadmill test. After the exercise test, coronary angiography was planned via right femoral artery. After a 6F femoral sheath insertion, the guidewire did not advance the abdominal aorta. After contrast injection from right femoral artery sheath, narrowing of the abdominal aorta was observed (Figure 1A). Subsequently, the coronary angiography that showed critical stenosis in all coronary artery was completed by right radial artery. During angiography, abdominal aortic stenosis was also observed via pig tail catheter (Figure 1B). There was significant difference in blood pressure between the radial and femoral artery (Figure 1C). After angiography, the patient was followed-up at the intensive care unit. Due to the lesions, surgery was performed instead of percutaneous intervention. After the operation, the patient recovered uneventfully. Abdominal aortic stenosis is often secondary to atherosclerosis and is defined as the abnormal narrowing of the abdominal aorta. The stenosis may cause difference in blood pressure; increase in blood pressure above the stenosis and decrease below the stenosis. Therefore, difference in blood pressure between the upper and lower extremities is observed.

Figure 1. (A,B) Abdominal aortic stenosis was seen during angiography (arrow), (C) The blood pressure between the radial and femoral artery during angiography is different.