

## **Abstract**

Acute limb ischemia (ALI) is a medical emergency. It occurs as a result of sudden deprivation of perfusion to a limb and will cause tissue necrosis and death of the limb [8]. It has an incidence of around 1.5/10000 person-years. The main etiologies can be categorized into three groups: embolism, thrombosis in situ, and trauma.

Vasculitis is characterized by the development of inflammatory changes in the arterial walls. Pathology is mainly immunological. Among the conditions that can cause vasculitis, rheumatoid arthritis (RA) is the most common. It's a chronic, systemic condition that affects 0.5–1% of the general population. The main tissue affected in RA is the synovium. However, other tissues and systems outside joints like the skin, lungs, eye, cardiac, neurological, hematological, and vascular systems are also affected [5]. Its vasculitic features are mostly confined to medium- and small-sized arteries, resulting in Raynaud phenomenon, periungual infarcts, digital ulcers or gangrene, and mesenteric ischemia or bowel infarction. Vasculitis in relation to RA is rare, but it is severe, with a mortality rate between 50 and 60% in 5 years [6]. Ischemia involving the upper limb accounts for <5% of total limb ischemia cases.

Our patient had been on treatment for active pulmonary tuberculosis (TB) when she developed acute limb ischemia. The coexistence of TB in this case raises the fact that TB is a contributing factor in the development of vascular insufficiency. In general, infections can cause procoagulant hemodynamics. However, acute arterial thrombosis in relation to pulmonary TB is described only rarely [11].

So we should be aware of the possibilities of these types of complications occurring in chronic diseases like RA and TB, etc. This case report is about a lady who is a diagnosed patient with sero (positive) deforming RA and active pulmonary TB who developed acute left upper limb ischemia due to thrombosis of both radial and ulnar arteries.