Bilateral Common Femoral Artery Endarterectomy with CERAB and PRESTO technique to conquer the complex aorto-iliac occlusive disease and long CTO lesion of SFA

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Disclosure

Speaker name: ...........................................................................

I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☑️ I do not have any potential conflict of interest
Clinical data

- 56-year-old male, heavy smoker
- He underwent right hemicolecetomy for CA colon 2 months earlier
- He presented with bilateral severe thigh claudication for 2 years.
## Clinical data

<table>
<thead>
<tr>
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<th>Right</th>
<th>Left</th>
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<tbody>
<tr>
<td>CFA</td>
<td>0 (+)</td>
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ABI: Rt = 0.33, Lt = 0.3
Preoperative CT angiogram

- Long CTO
- AIOD
- Long CTO
- Lt SFA
Hybrid operation
Bilateral CFA endarterectomy
Aortogram

Left brachial artery was access
5 Fr sheath
Antegrade approach via cranial access (7 Fr 45 cm long sheath)

Crossing : Wire and catheter
Aortogram
CERAB

BeGraft™ 12x59 mm

4x20 mm PTA balloon

3x60 mm PTA balloon
BeGraft™ 8x57 mm

Atrium™ 7x59 mm
Ultrasound guided retrograde puncture at proximal ATA
Retrograde puncture proximal ATA
Subintimal angioplasty
Precise Retrograde Supera Stenting of the Ostium (PRESTO)

6x100, 5x120, 5x100, 5x60 SUPERA™ stents along the left SFA with PRESTO technique.
Final angiography
Post operative

**ABI :**

- **Rt** = 0.33,  **Lt** = 0.3

**ABI :**

- **Rt** = 1.0,  **Lt** = 0.95
Postoperative CT angiogram
Thank you
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