The Most Severe Distal Emboli of Endovascular Treatment for Iliac and Superficial Femoral Artery in our Experience.

Omihachiman Community Medical Center, Japan
Kuniyoshi Fukai, M.D., Ph.D. Takuo Nakagami, M.D., Ph.D. Daiki Goto, M.D. Yoshihiro Azuchi, M.D. Yuusaku Kaneko, M.D. Nobunari Tomura, M.D. Shinya Tomita, M.D. Tetsuro Hamaoka, M.D. Shinichiro Yamaguchi, M.D., Ph.D.
Disclosure

Speaker name:

........Kuniyoshi Fukai..............................................................

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 conflicts of interest
Chief Complaint: Leg rest pain (Rutherford 4-5)

ADL: Ambulatory (with limited range)

Risk factors:
# CRF on HD for 15 years  # Current smoker 2 packs per day for 50 years  
# HT, #DM

Past catheter history and surgical history:
2004/03 PCI for LCX #15 Xience stent
2005/04 EVT for Rt SFA and Lt CIA-EIA stenting, Lt FP bypass grafting

Present illness:
Patient had repeated remission and exacerbation of toe ulcers for a long time. Ulcers and rest pain worsened, so he was referred to our medical center.
Case Male 75 y.o.

ABI: Rt 0.58/ Lt 0.64

SPP: Rt Dorsal 38 Plantar 27
Lt Dorsal 26 Plantar 35 (mmHg)

Right foot  Left foot
Angiography
Angiography

Dissection?
Angiography

Proximal SFA

Distal SFA
Angiography

POP-BTK

distal BTK
PTA for Rt IA and Rt SFA

Lt. femoral approach
G.C.: Destination® 6Fr

Vassalo® 0.014inch Floppy wire
IVUS

Entry

Re-entry
PTA for Rt IA and Rt SFA

Lt. femoral approach
G.C.: Destination® 6Fr

Vassalo® 0.014inch Floppy wire

①SHIDEN HP® 6/40mm
✓ SFA in-stent restenosis
✓ IA stenosis

②Epic® 10/100mm for IA stenosis
PTA for Rt IA and Rt SFA

ACT: 262 sec
IVUS: No dissections
PTA for Rt IA and Rt SFA

Lt. femoral approach
G.C.: Destination® 6Fr

Vassalo® 0.014inch Floppy wire

Thrombuster® 8Fr
(aspiration catheter) Tip injection

✔ Vasodilators
✔ Thrombus aspiration

Not effective
PTA for Rt IA and Rt SFA

Pre

distal emboli
PTA for Rt BK after distal emboli

Lt. femoral approach
G.C.: Destination® 6Fr

Retrograde approach via posterior tibial artery

Ichibanyari® catheter

Echo-guided distal puncture
PTA for Rt BK after distal emboli

Lt. femoral approach
G.C.: Destination® 6Fr

Retrograde approach via posterior tibial artery

Ichibanyari® catheter

Echo-guided distal puncture

0.014 Gradius® wire 3gf
PTA for Rt BK after distal emboli

Lt. femoral approach
G.C.: Destination® 6Fr

Retrograde approach via posterior tibial artery

Rapidcross® 2.0-2.5/220mm
Long inflation
Discussion

✔ We experienced severe distal emboli resulting from endovascular treatment of iliac artery stenosis with the dissection.

✔ I had not used any distal protection devices.

✔ BTK CTO site treatment may only be effective for severe distal emboli.

✔ Wire rendezvous technique is quite useful for BTK long CTO.
Thank you for your attention.