Unique treatment of popliteal aneurysm with kissing interwoven nitinol scaffolds

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Disclosures

Consultant:
- Abbott Vascular
- Boston Scientific
- Medtronic
- Philips

Medical Advisory Boards:
- Abbott Vascular
- Boston Scientific
- Medtronic
Case Presentation

- 66 yo Native American gentleman originally admitted for embolic CVA
- Found to have large PFO with ASA
- Recovered completely
- Day before discharge, complained of left leg pain
- Discharged
Case Presentation Continued

- Continued to have severe left sided claudication with less than 50m ambulation
- Ultrasound showed popliteal occlusion with monophasic tibial flow
- Seen in my clinic
- Referred for angiography
Brought back for PTA via tibial or combined femoral and tibial approach
Crossing catheter from below
-0.018 wire/catheter combination

Crossing from above
-0.018 wire tried initially
- Successfully crossed from above (0.035)
- Initial PTA performed (6x40mm)
- Tibial (0.014) wire then taken across
0.014 wire placed from femoral access

7x 40mm PTA

0.014 wire then placed from tibial access
Strategy for deployment

- Simultaneous placement
- Femoral scaffold placed first
- Balloon inserted inside and gently inflated
- Tibial scaffold deployed

Two 5.5 x 120mm Scaffolds
Follow-up

• Free of claudication or leg pain at 6 months

• PFO closed successfully
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