A Case of Successful EVT for Acute Hand Ischemia with Using Trans Collateral Channel Approach

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Disclosure

Speaker name: Hideyuki Takimura

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
Case

60y.o male
Left hand asleep, cold sense,
Rest pain

Past history:

- angina pectoris
- Diabetes mellitus
- Chronic kidney disease
  Stage V D (Hemodialysis)

WBC 7260 /μl
CK 99 U/l
CRP 0.20 mg/dl
CT, Ultrasonography

Radial artery
EVT

Approach: Lt. brachial artery

Sheesh: Parent Plus 45(4.5Fr.)
EVT

Approach: Lt. brachial artery
Sheesh: Parent Plus 45(4.5Fr.)
Micro Catheter: Caravel MC
Guide wire: Jupiter FC1g

Wiring for deep palmer arch
EVT

Approach: Lt. brachial artery
Sheesh: Parent Plus 45(4.5Fr.)
Micro Catheter: Caravel MC
Guide wire: Jupiter FC1g

Wiring for deep palmer arch
Thrombectomy: Thrombuster III GR 6Fr. (Kaneka)
Balloon: ULTRAVERSE 1.5×40mm
Balloon: ULTRAVERSE 1.5×120mm
Deep Palmer arch

Superficial Palmer arch

princeps pollicis artery
Guide wire: Jupiter FC1g

Balloon:
ULTRAVERSE 1.5×40mm

Ballooning for princeps pollicis artery
The flow of proper palmar digital arteries was improved.
The patient had pain in the first and second digit.
The proper palmar digital artery was patent.
The blood flow for first and second digits were low.
Target vessel was the occluded arteria palmaris indicis. The ostium of the arteria palmaris indicis was not detected.

Approach: Lt. brachial artery
Sheesh: Parent Plus 45(4.5Fr.)
Approach: Lt. brachial artery

Sheesh: Parent Plus 45(4.5Fr.)

Micro Catheter: Caravel MC

Guide wire: Jupiter FC1g

Tip injection:
superficial palmer arch
The arteria padialis indicis was occluded.
Approach: Lt. brachial artery
Sheesh: Parent Plus 45(4.5Fr.)
Micro Catheter: Caravel MC
Guide wire: Naveed Floppy

The local anesthesia was performed at between second and third digit.

The trans collateral channel approach was performed.
The trans collateral channel approach was performed.

Approach: Lt. brachial artery
Sheesh: Parent Plus 45(4.5Fr.)
Micro Catheter: Caravel MC
Guide wire: Naveed Floppy
Approach: Lt. brachial artery

Sheesh: Parent Plus 45(4.5Fr.)

Micro Catheter: Caravel MC

Guide wire: Naveed Floppy
Approach: Lt. brachial artery

Sheesh: Parent Plus 45(4.5Fr.)

Retrograde:
Micro Catheter: Caravel MC
Guide wire: Naveed Floppy

Antegrade:
Micro Catheter: Corsair PV
Guide wire: Jupiter FC1
Balloon: 1.0×10mm
EVT

Balloon: 1.5×40mm
Balloon: 1.5×40mm

Ballooning: princeps pollicis artery
Next day after procedure

Second digit
After one week
Conclusion

- We performed EVT for acute hand ischemia with using trans collateral channel approach.
- The trans collateral channel approach was useful when the antegrade approach was difficult or failed.
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