Treatment of Calcified Common and Superficial Femoral Artery Stenoses with Retrograde Atherectomy and DCB Under Protection of Antegradeley Delivered Anti-embolic Filter in a Patient with Kissing Iliac Stents

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Disclosure

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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 History

- 66 year-old-male patient
- Covered BX stents were implanted to both common iliac calcified stenoses by kissing technique 3 years before
- For the last 6 months patient suffers from RC-3 intermittent claudication of left lower limb
- CAD (+), heavy smoker
- eGFR=87 ml/min/1.73 m²
- Doppler USG revealed biphasic waveforms for both lower limbs
Left brachial access
Navicross catheter
Spider 6 mm anti-embolic filter
Distal SFA puncture
7 Fr sheath was introduced
Hawkone atherectomy
6.0x20 mm cutting balloon
Hawkone atherectomy catheter
DCB
Distal hemostasis
Atherectomy without an anti-embolic filter? NEVER...
Take Home Messages

• The ideal treatment is “Atherectomy + DCB” for calcified stenoses of CFA and SFA (and sometimes cutting balloon catheter)
• Debulking is a must do intervention for paclitaxel and intimal contact for highly calcified stenoses
• Retrograde atherectomy also could be achieved, but with proper filter protection
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