Novel Approach to Popliteal Occlusive Disease

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Disclosures

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

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

- 66 yo 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 tried initially

Crossing catheter from below
-0.018 wire/catheter combination)
• 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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