Midterm outcomes of percutaneous bypass for very long femoropopliteal occlusion.

Veera Suwanruangsrni, MD
Pruesttipong Kaviros, MD
Department of surgery, Maharat Nakhon Ratchasima Hospital, Thailand
Disclosure

Speaker name: Veera Suwanruangsri

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
A 67-year-old female presented with severe claudication of right leg. ABI of right and left legs were 0.45 and 0.85, respectively.
Angiography showed flush occlusion of right SFA and runoff vessel was popliteal artery.
Retrograde approach was performed after failure of antegrade approach.
The retrograde wire was advanced but the problem was accidental perforation of distal SFA.
The retrograde wire and catheter were advanced through the perforation site to the level of common femoral artery.
Antegrade CFA double wall puncture was performed, the retrograde wire was advanced into the needle and the needle was removed.
• The catheter was advanced into CFA, the retrograde wire was pulled back and advanced into CFA.
• The retrograde wire was advanced through the long sheath.
• Balloon angioplasty was performed and bare metal stents were deployed.
Minimal leakage outside the BMS
At 5 months follow-up, CTA showed a small arteriovenous fistula and contrast leakage around the mid portion of the bare metal stents.
The Viabahn stent was deployed for the treatment of contrast leakage.
Minimal leakage of the contrast
Minimal leakage of the contrast
At 30 months follow-up, the patient presented with in-stent restenosis of distal SFA.
Drug coated balloon angioplasty was performed.
Drug coated balloon angioplasty was performed.
At 39 months follow-up, ABI = 0.58, 0.85 POBA was performed.
Interesting issue ...

- Percutaneous bypass can be performed for the treatment of perforated complication.
- Open bypass may be the last option.
- The presentation of distal AV fistula may improve the long-term patency rate of femoropopliteal stenting because of good outflow.
Conclusion

• Percutaneous bypass with combination of bare metal stents and stent graft showed good midterm outcomes.
Thank you for your attention
Midterm outcomes of percutaneous bypass for very long femoropopliteal occlusion.

Veera Suwanruangsri, MD
Pruesttipong Kaviros, MD
Department of surgery, Maharat Nakhon Ratchasima Hospital, Thailand