Critical limb ischemia and multilevel disease

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Disclosure

Speaker name:

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
Medical history

- 93-year-old male
- Hypertension,
- Diabetes mellitus,
- Chronic renal failure,
- Smoking
- Allergy to iodine
- Asymptomatic severe aortic stenosis

- Right Foot infected ulcer
- Absence of distal pulses.
- We performed a lower limb angiography
Severe stenosis in both the Superficial Femoral Artery and the Popliteal Artery. Occlusions of the 3 vessels below the knee.
Post PTA Evolution

POST PTA

• Increase of pain in the right foot.
• Our multi-disciplinary team decided on a new endovascular attempt to recanalize the Posterior Tibial Artery before amputation.

STRATEGIES

• Pre-treatment for iodine allergy
• A) Anterograde Approach: ipsilateral common femoral 6 Fr.
  • Berestein Catheter 5F
  • Hydrophilic Guide Wire 0.035"-300 cm
  • Command Guide Wire 0.014"-300 cm
  • PT2 Guide Wire 0.014"-300 cm
  • Approach 18 Guide Wire 0.014"-300 cm
• B) Retrograde distal Approach Plantar Artery
  • Micro puncture Pedal Set
  • Corsair Microcatheter
  • Balloon 2.0 x 150 mm Amphirion
  • Balloon 2.5 mm x 210 mm Amphirion
  • Balloon 1.5 x 20 mm NC
Retrograde approach

Micro puncture in common plantar artery

Approach 18 Guide Wire 0.014"-300cm
Corsair Microcatheter

Balloon 3.0x 200mm

Hemostasis with balloon

Re-position of the wire in plantar artery
Final Result
Clinical Evolution

• Full pain improvement
• Vacuum Assisted Closure (VAC) for 3 months
• Platelet-rich Plasma
• Carboxytherapy
• Dermal Matrix
• Currently Gelling Fiber Dressing
Wound healing

- Important loss of bone tissue
- Slow granulation tissue growth

A week  A month  3 months  5 months  6 months (now)
Thank you!!