

# Case discussion: calcified long femoro-popliteal lesions treated with DCB and spot stents

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# Disclosure

Speaker name:

Erwin Blessing

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): speakers honorarium (B Braun)
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- I do not have any potential conflict of interest

# Case example

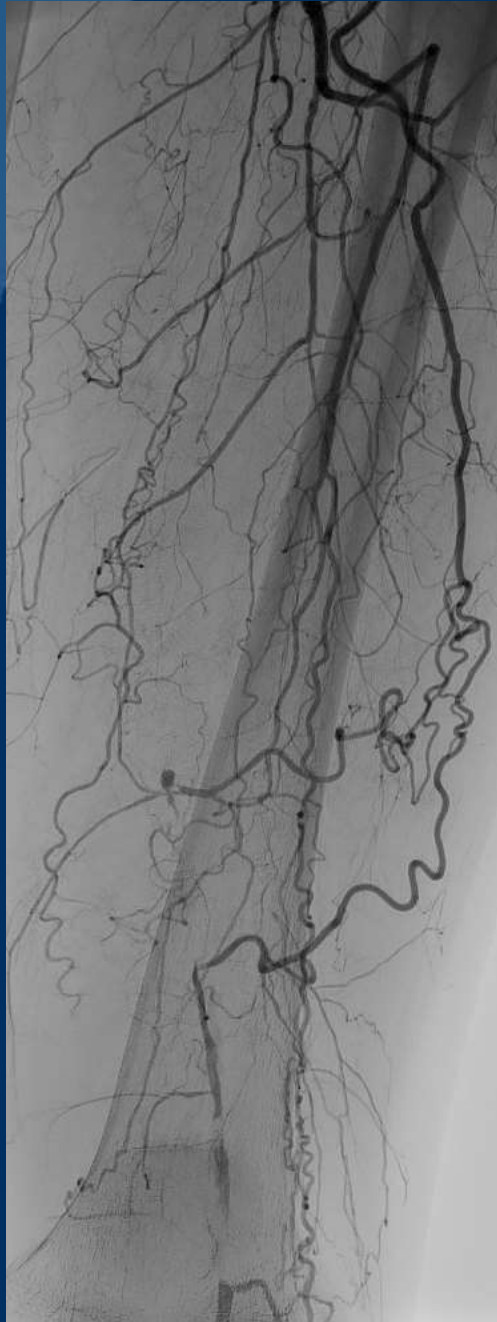
70 year old female

Rutherford 3 left leg

BTK Amputation right leg 2016

CVRF: art. HTN, HLP, heavy smoker

Duplex: long, calcified femoropopliteal occlusion,  
single vessel run-off



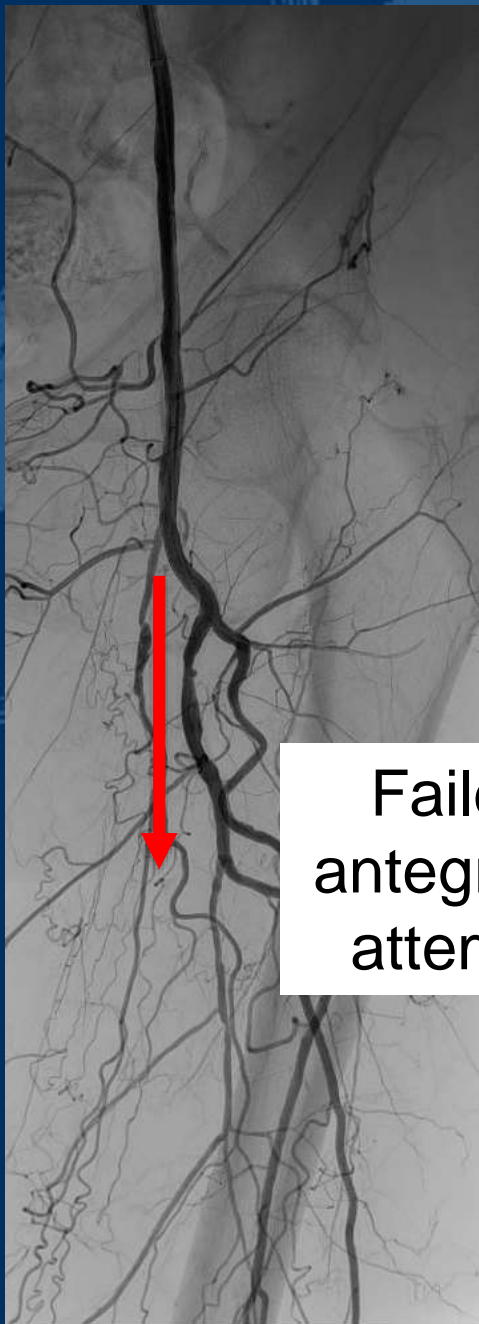
# Treatment options?

Debulking (directional atherectomy, rotational atherectomy, orbital atherectomy, photoablation)?

Specialty balloon (scoring, cutting, focal force)?

“Full metal jacket“?

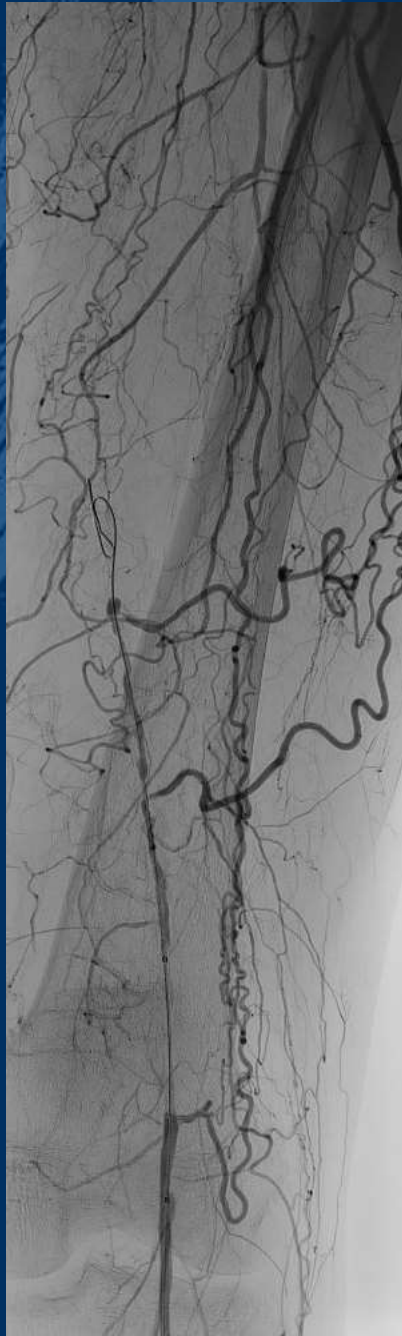
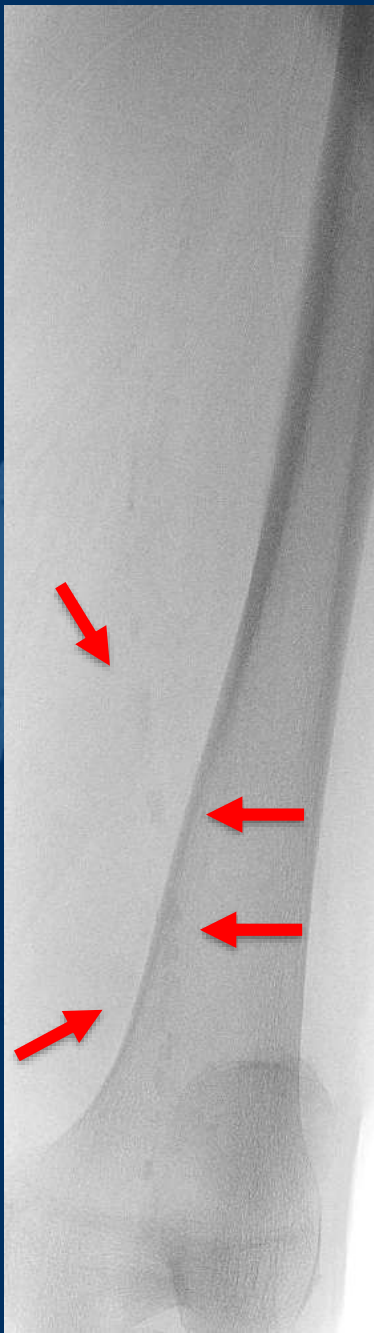
DCB plus spotted stenting?

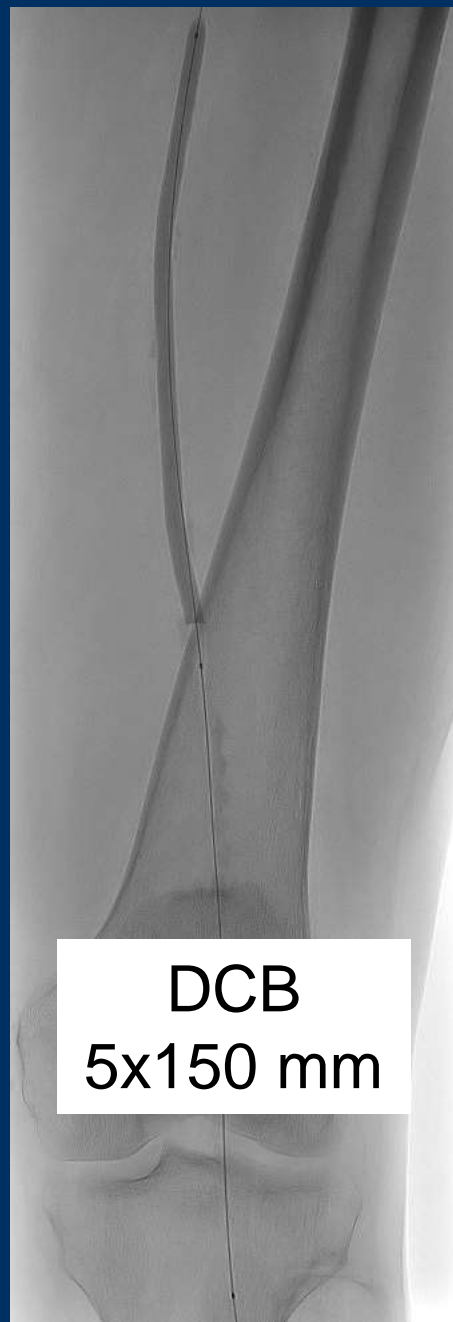
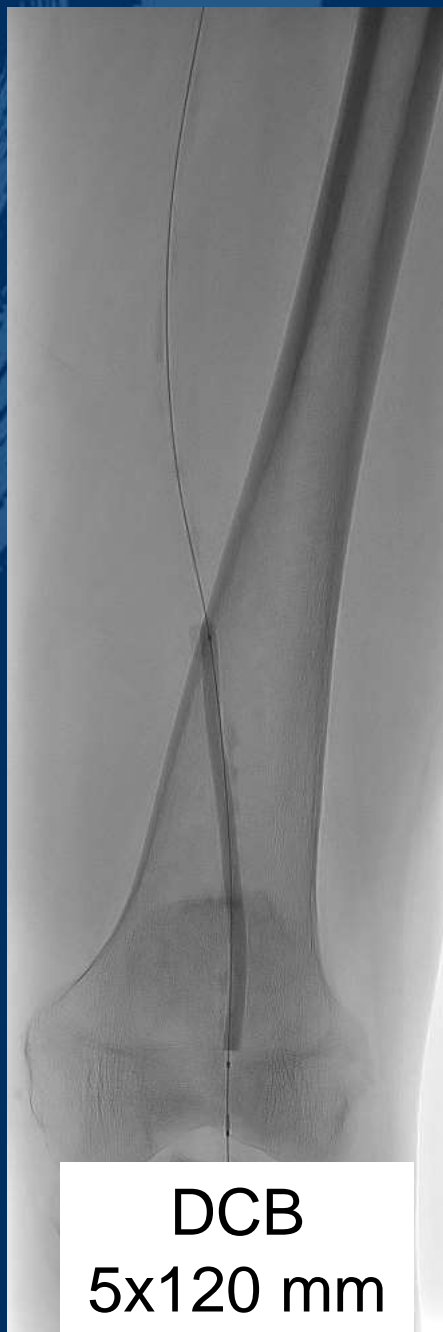


Failed  
antegrade  
attempt

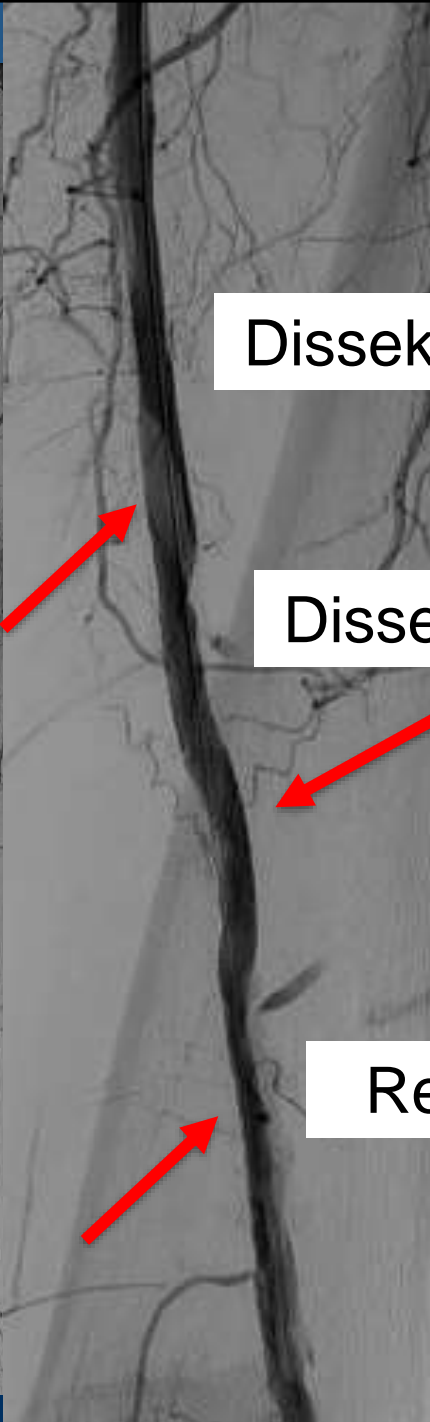
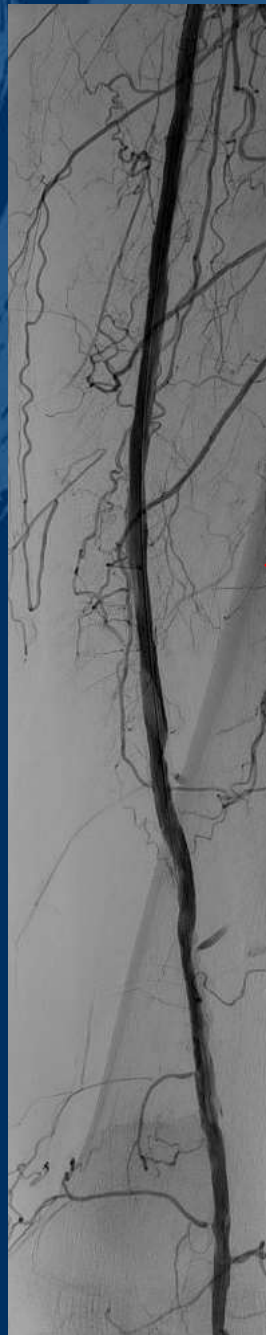


Retrograde  
via ATA





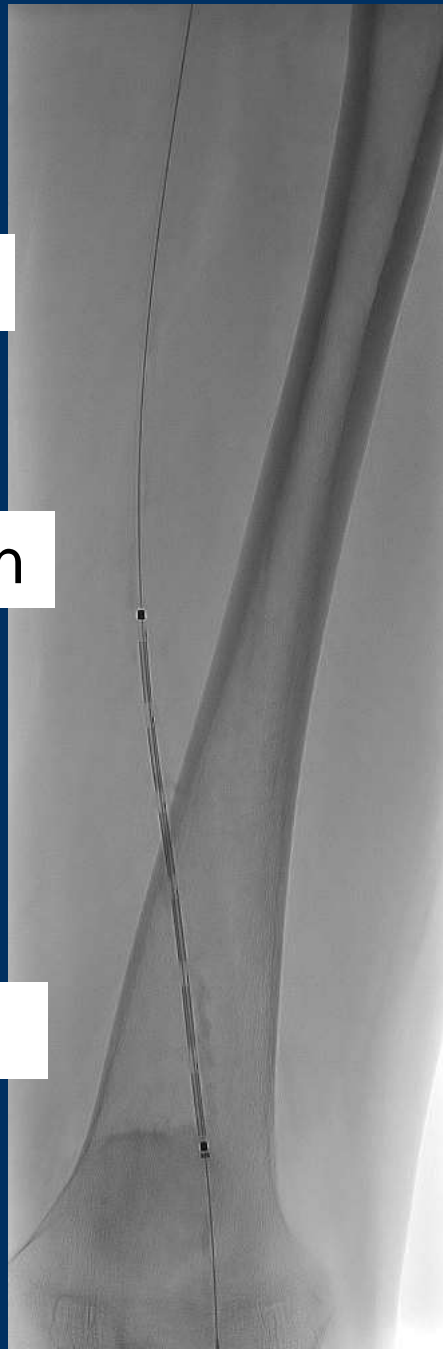




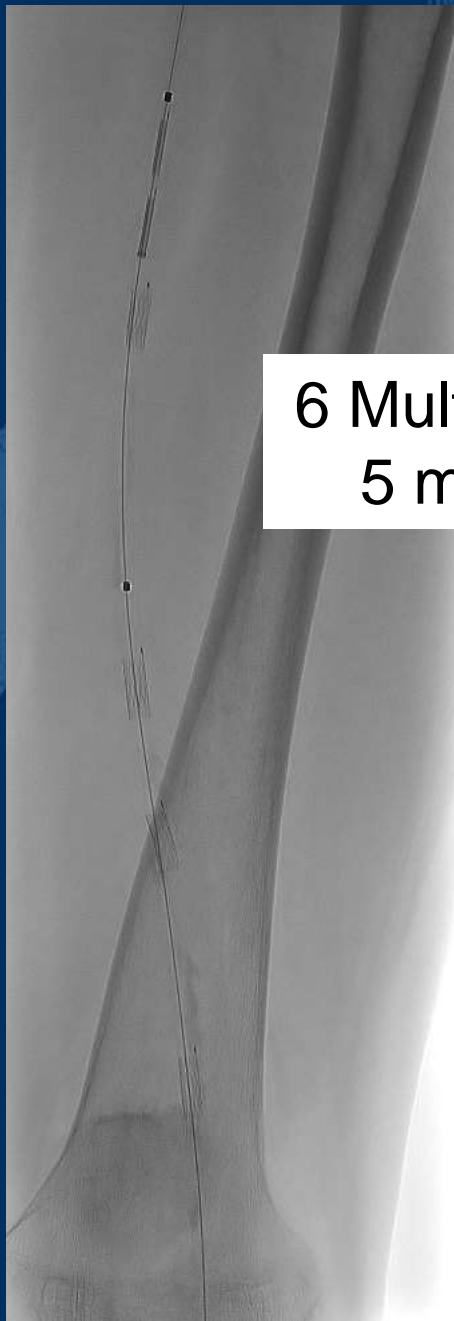
Dissektion

Dissektion

Recoil



6 MultiLoc  
5 mm





# Summary

DCB plus spotted stenting as a rather straight forward approach for long lesions and occlusions

MultiLoc VascuFlex brings the concept of spotted stenting to the next level

High radial force of closed cell design MultiLoc VascuFlex also works in moderate to severely calcified lesions

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