Case discussion: calcified long femoro-popliteal lesions treated with DCB and spot 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): speakers honorarium (B Braun)

☐ 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
Prolonged inflations 3 min each
Summary

DCB plus spotted stenting as an rather straightforward approach for long lesions and occlusions.

MultLoc 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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