Intravascular Lithotripsy as a treatment option for calcified stenosis of the common femoral artery: initial experiences

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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

☒ I do not have any potential conflict of interest
Treatment options for CFA?

Surgery

Atherectomy

Supera
Intravascular Lithotripsy
Disrupt II PAD

Exclusion Criteria:

.............
Lesions within 10 mm of ostium of the SFA
.............
.............
.............
Case example 1
Case example 2
Case example 3
Case example 3
Initial experience

<table>
<thead>
<tr>
<th></th>
<th>n=4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>69 (64-77)</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>3 male, 1 female</td>
</tr>
<tr>
<td><strong>Rutherford</strong></td>
<td>3.5 (3-5)</td>
</tr>
<tr>
<td><strong>Access</strong></td>
<td>Crossover: 3, transbrachial: 1</td>
</tr>
<tr>
<td><strong>Shockwave DCB</strong></td>
<td>7x60 mm (n=3); 6x60 mm (n=1)</td>
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<tr>
<td></td>
<td>Inpact Admiral (n=1), Stellarex (n=2), Lutonix (n=1)</td>
</tr>
<tr>
<td><strong>Cycles</strong></td>
<td>10x30 secs</td>
</tr>
<tr>
<td><strong>Procedure time (min)</strong></td>
<td>58 (42-70)</td>
</tr>
<tr>
<td><strong>Contrast (ml)</strong></td>
<td>93 (80-130)</td>
</tr>
<tr>
<td><strong>Technical success</strong></td>
<td>100%</td>
</tr>
<tr>
<td><strong>Mean follow up (months)</strong></td>
<td>5.5 (3-9)</td>
</tr>
<tr>
<td><strong>Freedom from TLR</strong></td>
<td>100%</td>
</tr>
</tbody>
</table>

* Residual stenosis<30%, no flow limiting dissection, no embolization, no bail-out stenting
Conclusions

Intravascular Lithotripsy is safe and feasible for treatment for calcified lesion of the common femoral artery

Combination of Lithotripsy plus DCB might emerge as an alternative for treating calcified common femoral artery lesions

Randomized studies needed
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