Aggressive Below-the-ankle intervention
CCT@LINC, pre-recorded live case

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Disclosure

Speaker name: Tatsuya Nakama MD.

I have the following potential conflicts of interest to report:

- **Consulting**: Boston Scientific Japan, Century Medical Inc. TORAY
- Employment in industry: None
- Stockholder of a healthcare company: None
- Owner of a healthcare company: None
- **Other(s): Honoraria received from**
  - Abbot Vascular, Asahi Intecc., Boston Scientific, COOK, Cordis, NIPRO, KANEKA,
  - Lifeline, Medikit, Medtronic, Orbus Neich, Terumo,
Why below-the-ankle EVT needed?

What is the clinical Implication of Challenging procedure
Aggressive BTA revascularization
Improvement of wound healing

Higher rate of wound healing &
Shorter time to wound healing
Real world evidence showed its efficacy

Higher Rate of wound healing
59% vs. 38%

Faster Time to wound healing
211d vs. 365d

Should we treat all BTA disease?

No!!

BTA intervention include important problems
Differences between BTK and BTA

**BTK**
1. Antegrade approach: standardized
2. Retrograde approach: standardized
3. Calcified lesion $\rightarrow$ unsolved

Almost standardized procedure

**BTA**
1. Antegrade difficult anatomy
2. Retrograde sometimes impossible
3. Calcified lesion $\rightarrow$ of course unsolved

Procedure sometimes fail
Case overview

80s female on hemodialysis

- Ischemic gangrene in her 4\textsuperscript{th} and 5\textsuperscript{th} toe with infection
- Rutherford 5
- W:2, I:3, FI:2 (Clinical stage4)
- CRP: 15mg/dl
- Toe Amputation was already conducted 2 days ago.
Summary of pre-recorded procedure

1. ATA to DP was recanalized with conventional technique (bi-directional approach with distal puncture and retrograde subintimal angioplasty). **Common procedure**

2. ATA to pedal arch recanalization seemed impossible, PTA to plantar revascularization was done.

3. PTA to plantar was revascularized but these procedure was not standardized. **Uncommon, challenging procedure**
Future of BTA intervention

1. Evaluation of clinical value of BTA intervention
   it may improve the direct flow to wounds, and
   it may positively affected the process of wound healing

2. Technique for BTA recanalization is not standardized yet.

3. Technique for BTA revascularization should be established, like BTA intervention.
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