CTO of left subclavian artery – longitudinal stent deformation after postdilatation

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1. Introduction

71 year old female patient was admitted to hospital, with symptoms of vertigo, dizziness and loss of balance. Physical examination showed absence of left radial pulse and difference of 21mmHg of systolic blood pressure in her arms. Previous CTA showed chronic total occlusion of left subclavian artery in prevertebral segment.

After successful recanalization (anterograde) and predilatation, we placed stent OmniLink Elite 8.0x39mm with short protrusion in aorta. We flared the ostium with the balloon from the stent but we weren’t satisfied with the result. Then, we decided to perform postdilatation with balloon Fox Plus 10x20mm but by mistake we used Fox Plus 12x20mm!!!

We snared the wire and used the same balloon 12x20mm, inflate it before the stent and used it to push and compress the proximal struts to the ostium of subclavian artery.

Proximal part of the stent unraveled and elongated with long protrusion in aortic arch.

3. Results

After compression of the struts we placed the other stent with overlap in proximal part of the artery – OmniLink Elite 10x19mm. We were satisfied with the result, patient was clinically well.

One year follow up CTA—both stents patent without signs of ISR or migration.

2. Materials and Methods

After clinical assessment and CTA we decided to perform endovascular procedure. Both femoral and radial approach were used.

WHAT'S YOUR NEXT STEP?