Distal embolization during lower limb arterial revascularization. Endovascular management

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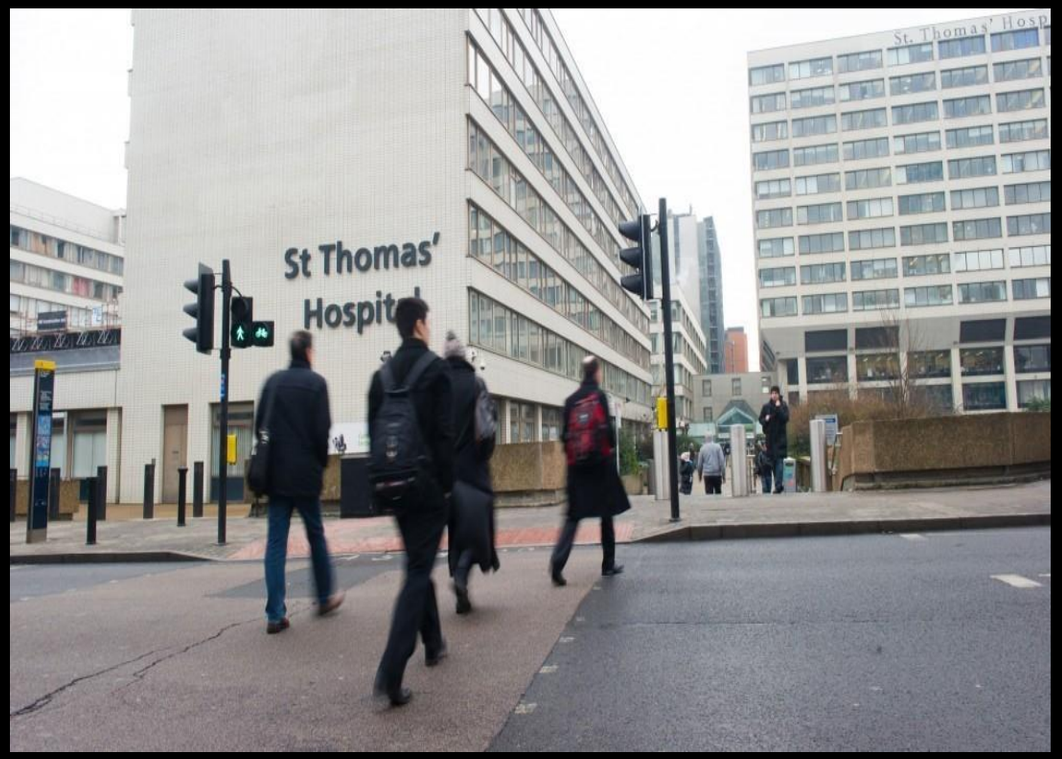

Objective:
Review of techniques to handle distal embolization during peripheral arterial interventions.

55Y old female with right critical limb ischemia
Initial angiogram confirmed focal stenosis at distal popliteal artery (PopA). Below knee; anterior tibial artery (ATA) patent at its proximal part and occluded thereafter, faintly enhancing dorsalis pedis artery.
Tibio-peroneal trunk (TPT), peroneal and posterior tibial artery (PT) patent.
Right Common femoral artery (CFA) antegrade access. Plain balloon angioplasty initially performed and angiogram showed dense material (plaque/thrombus) overriding the ATA origin and TPT.
Combination of catheter manual aspiration (6Fr thromboaspiration catheter), direct pharmacological thrombolysis (Alteplase) and balloon angioplasty attempted, with non satisfactory results.
5 mm x 6 cm uncovered self expandable stent inserted in the distal PopA.
4mm X 38mm drug eluting stent, inserted at the TPT, in short overlap with the PopA stent.
The ATA origin was intentionally covered by the stent, thus, promoting a better straight downstream flow to the peroneal artery and PT as well as of the distal reconstituted ATA. If there is still a *future* need for ATA access-recanalization, this can be still attempted antegrade, through the struts of the uncovered stent.