J Clin Exp Cardiolog 2018, Volume 9
DOI: 10.4172/2155-9880-C11-120

Percutaneous intervention of CTO iliac and SF arteries after failure of bypass, using radial and pedal arterial accesses

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66-year-old male with PVD presents with severe leg pain and numbness on exertion and at rest. In 2009, he underwent unsuccessful attempt at intervention of R. SFA. In 2010, he underwent right fem-pop and right to left fem-fem bypass. In 2011, he underwent bilateral aorto bi profunda bypass. Arterial duplex shows occluded fem-fem graft, bilateral SFA with reconstituted flow in the peroneal and ATA. Abdominal CTA and run-off were performed CTO iliac, CF and SF arteries. He was brought to the cath lab for percutaneous intervention of the right leg. Under ultrasound guidance, right ATA access was obtained, 4F sheath was placed. A right radial access was obtained and a 7F 90 cm sheath was advanced into the distal aorta. Angiography revealed patent aorta-profunda femori grafts, severe bilateral CIA stenosis. Occluded EIA and SFA bilaterally with reconstitution at the popliteal arteries. Intervention of the R. SFA was guided with injections through a long multipurpose from the radial access. 0.035 Navicross was advanced over a Glide Advantage retrogradely to cross the distal cap of the CTO SFA. However, it would not cross the proximal cap and was exchanged for a Gaia 3rd wire. This made some progress but did not cross into the true lumen of the EIA. We used 0.035 Trailblazer and different wires; we were able to cross into the true lumen. Multiple balloons were inflated across the iliac system. 8.0×59 mm Omnilink and 8.080 mm Absolute Pro stents were deployed in the Right CIA and EIA. Tibial sheath upgraded for 5/6F to stent the SFP/POP. 6.0×150 mm and 6.5×60 mm self-expanding stents were deployed in the distal SFA/POP artery. 10% residual stenosis and three vessel runoff to the right foot.

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