PRACTICAL APPROACH TO BTK-DISEASE

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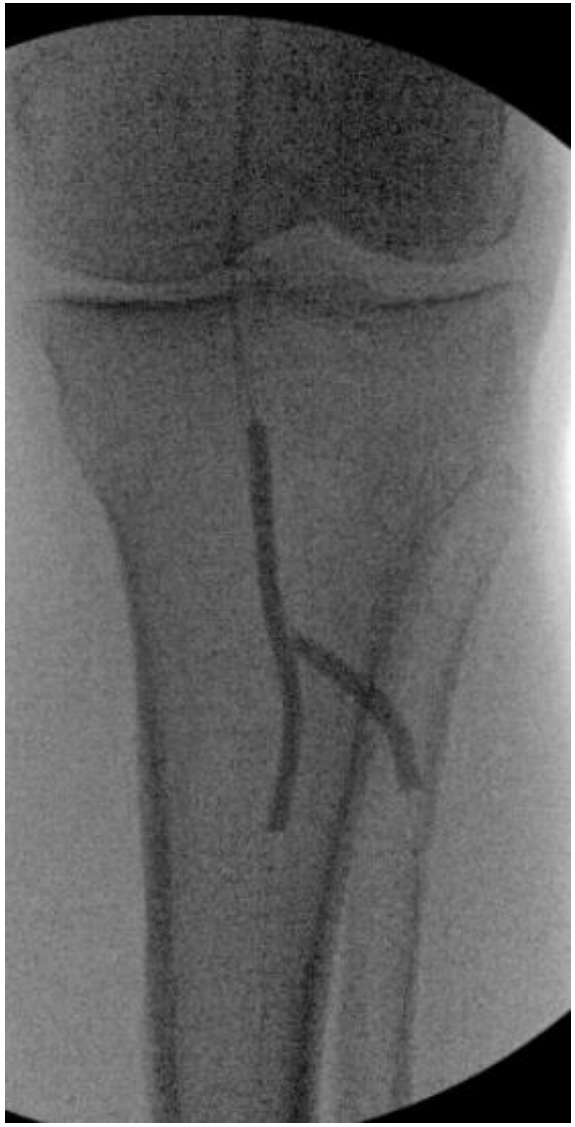
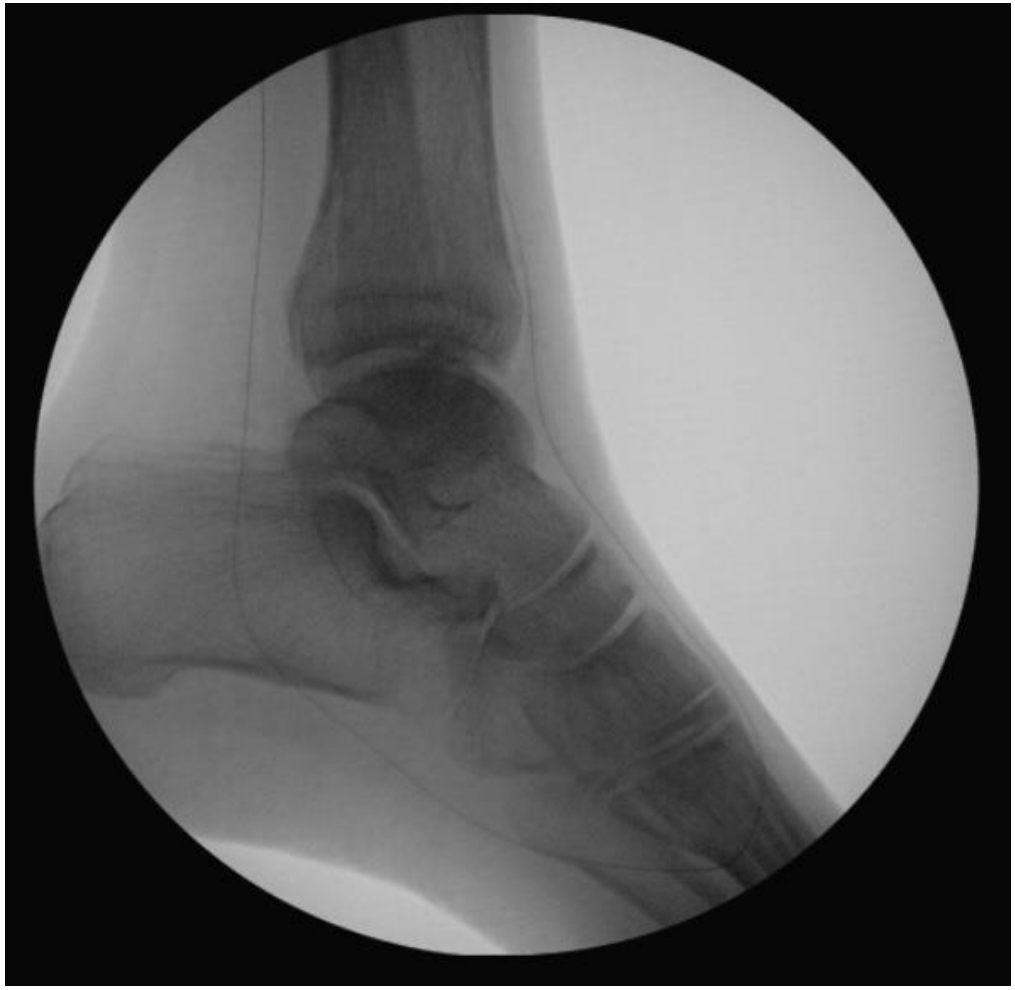
SANTIAGO DE COMPOSTELA

INFLATION WITH OR WITHOUT DRUGS BTK





Case report: Fontaine III CLI

75 years Old Male

Diabetes mellitus

CAD

HTA

Previously :LEFT SFA PTA & STENTING

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Case report: Fontaine III CLI

Vascular examination:

Femoral pulse +

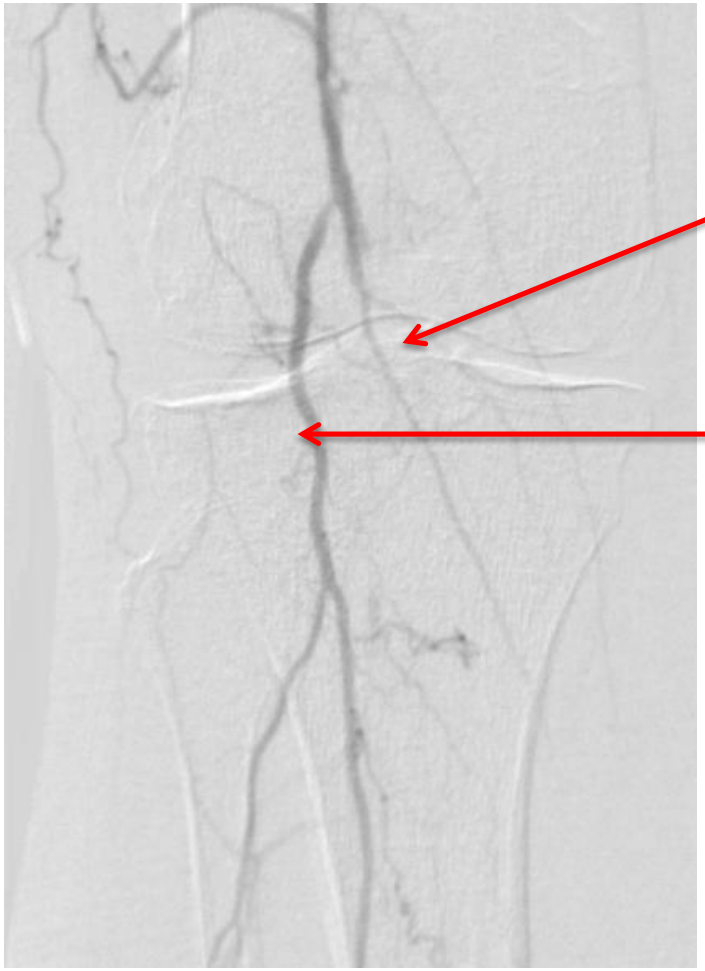
Popliteal pulse +

Distal pulses -

ABI:0.32

Our usual approach to BTK CLI: Diagnostic angiogram with a intention-to-treat strategy, based on angiogram findings.

Case report: diagnostic angiogram



Popliteal occlusion

Important genicular artery

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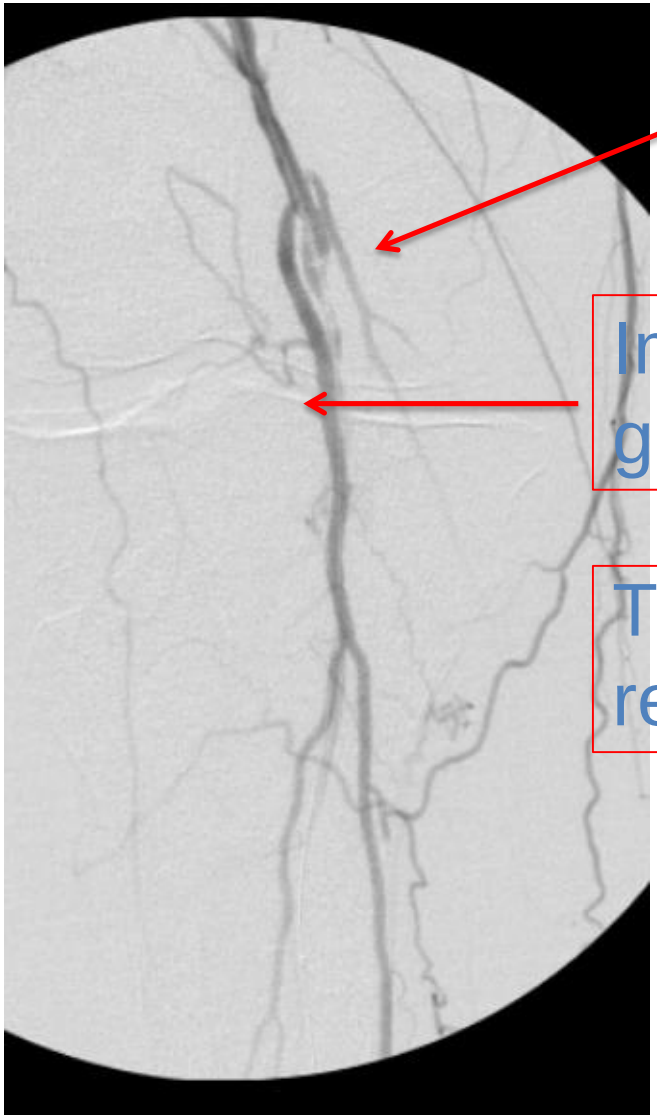
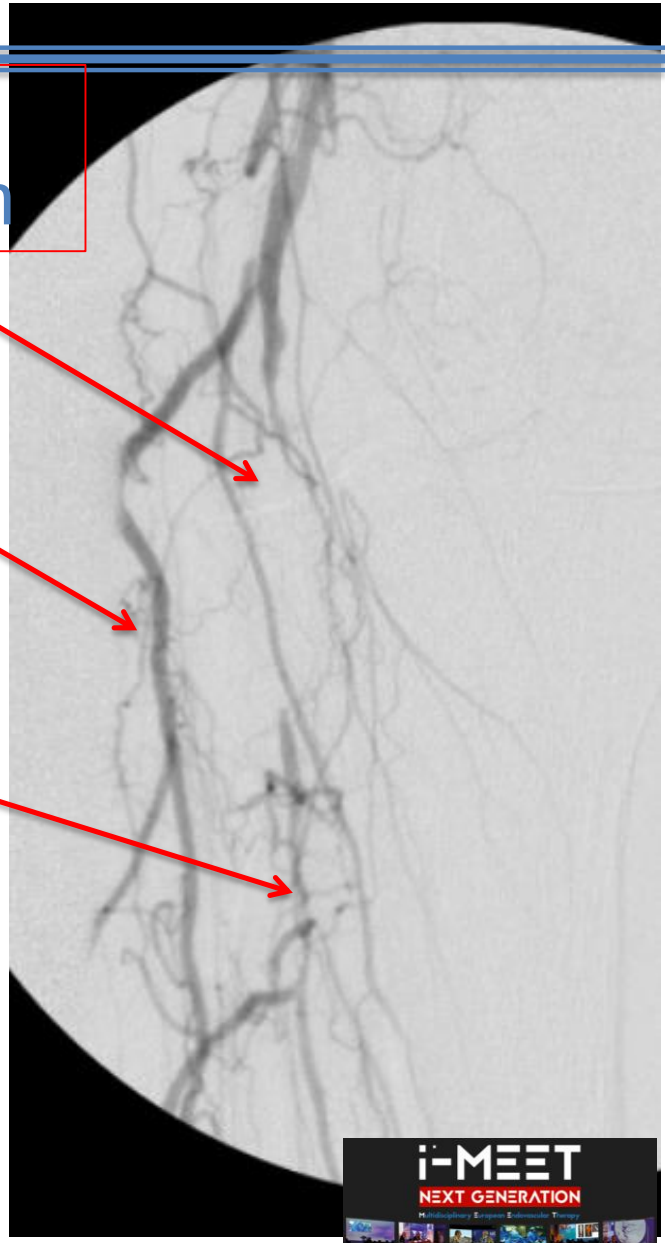


Popliteal occlusion

Important genicular artery

TP Trunk recanalization



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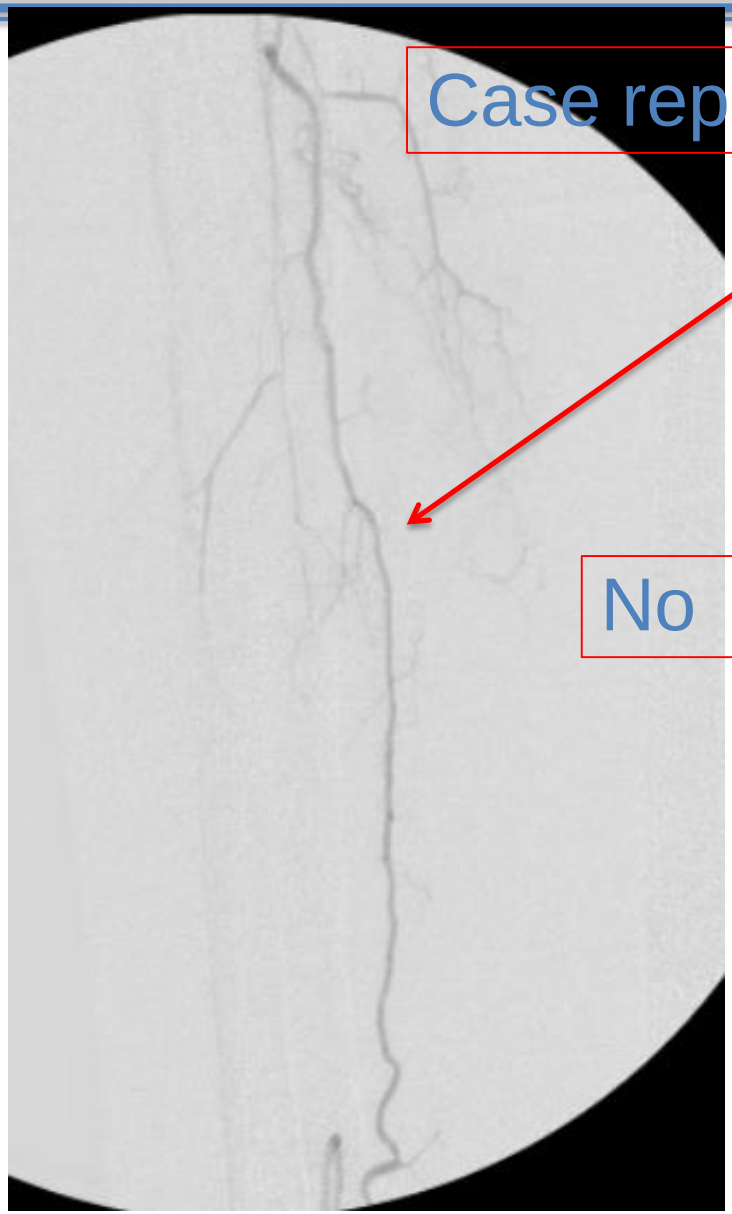
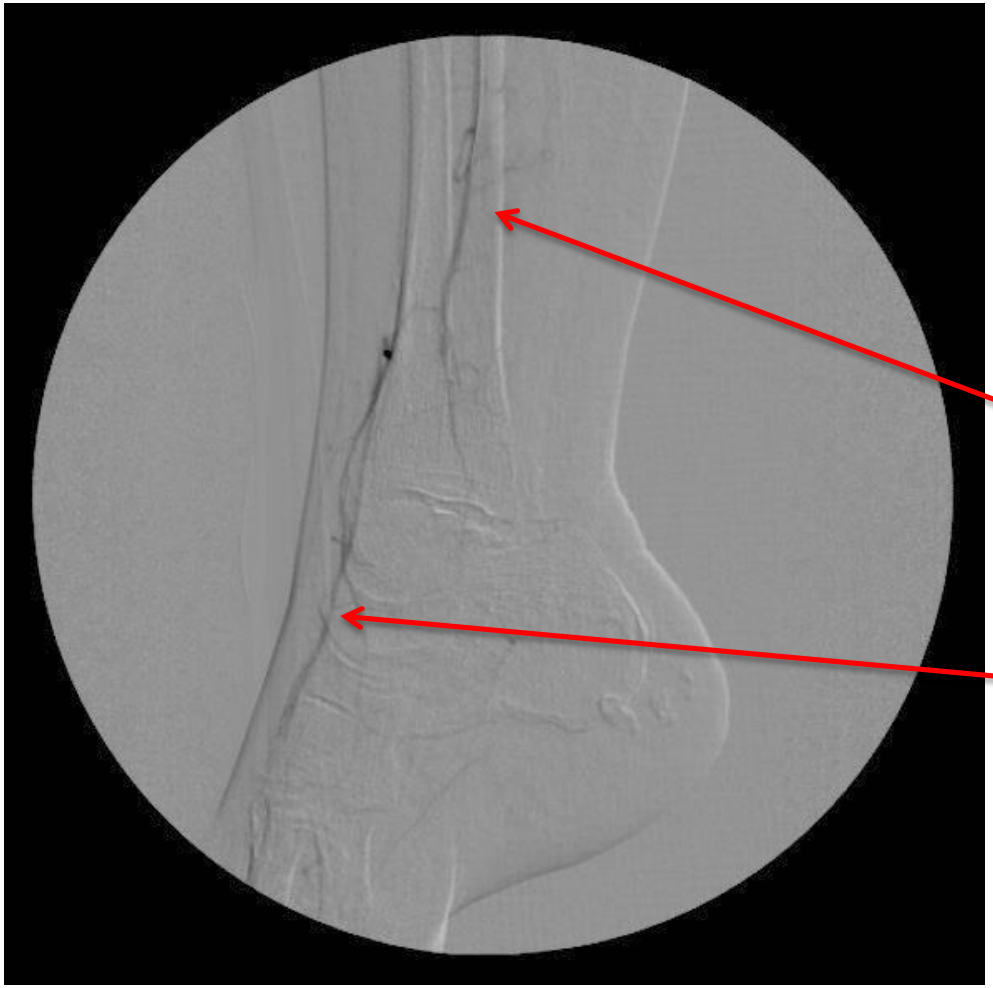


Case report: diagnostic angiogram

Peroneal artery

No AT/PT

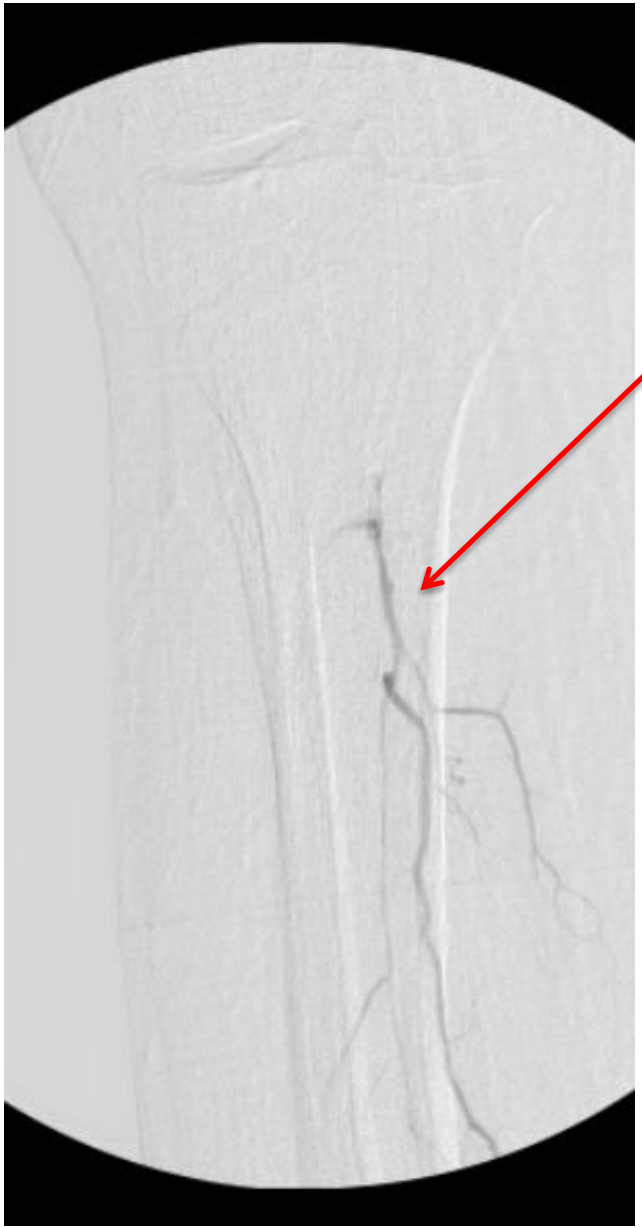
Case report: diagnostic angiogram



Peroneal artery

Pedial artery

INFLATION WITH OR WITHOUT DRUGS BTK

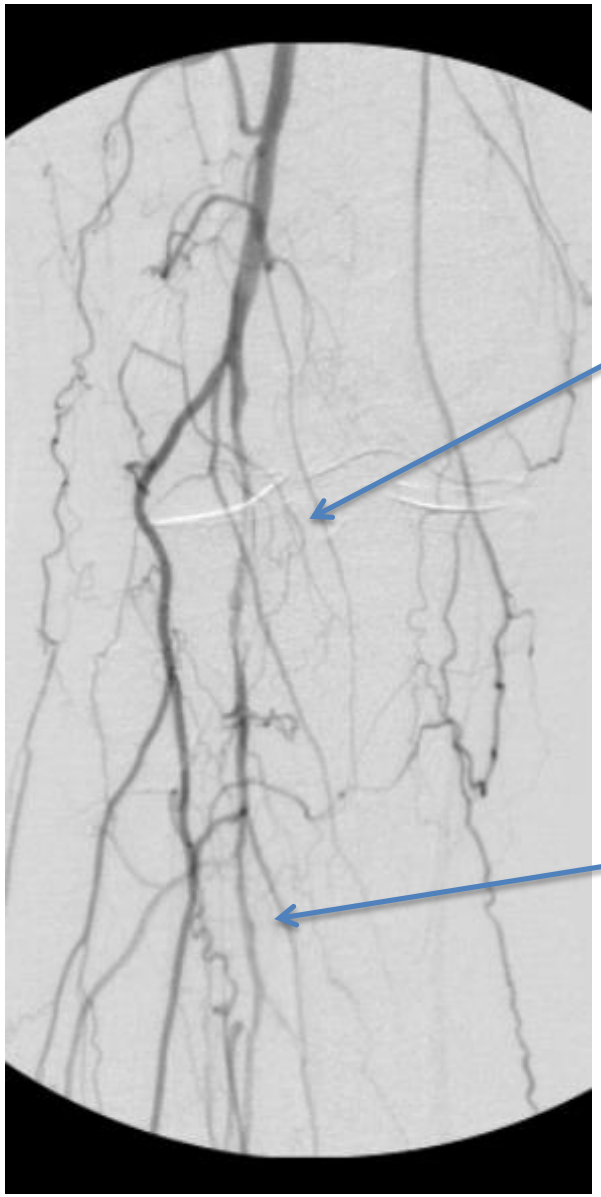


Popliteal & TP
Trunk recanalization

POBA
DEB
STENT

?????

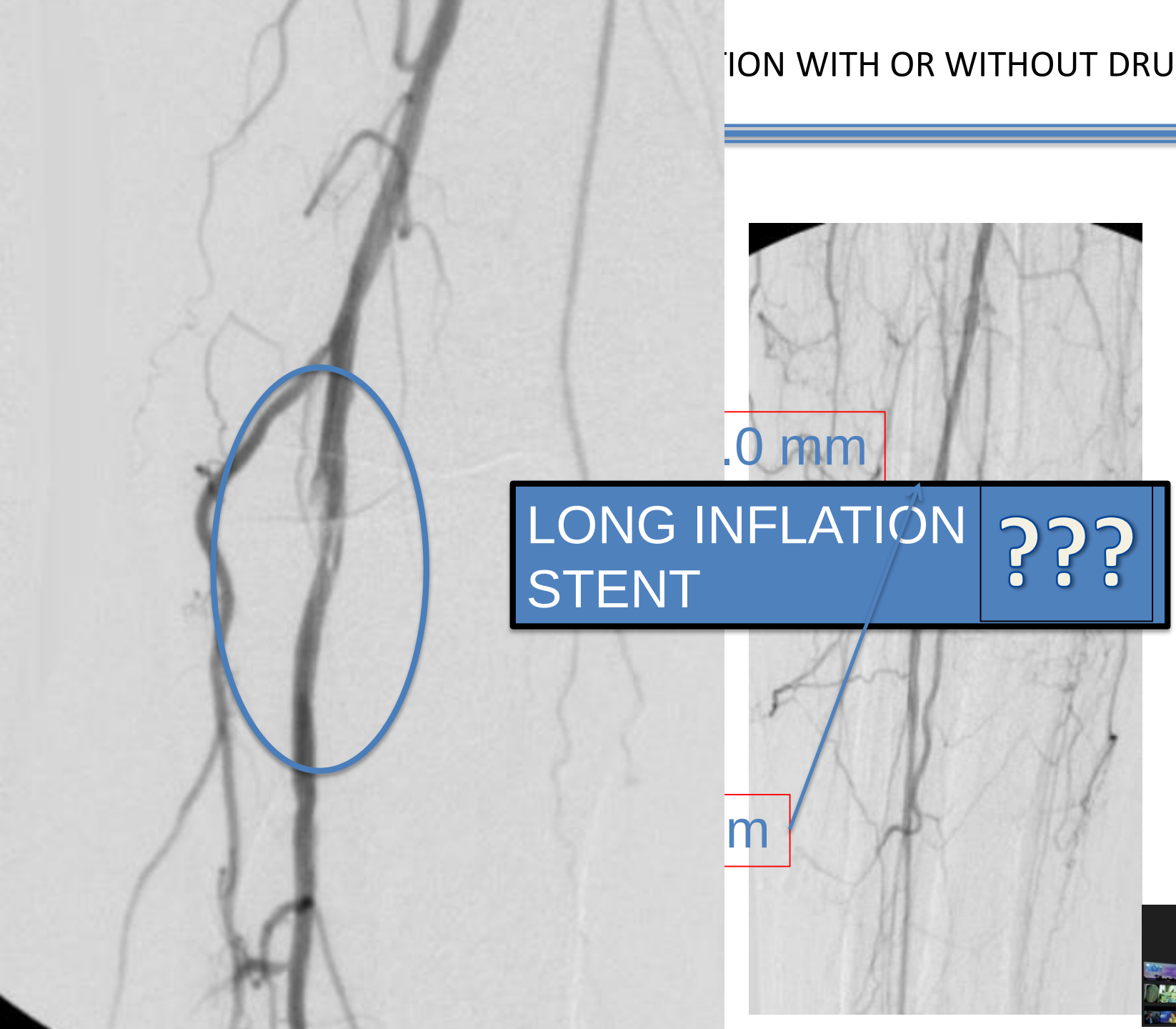
INFLATION WITH OR WITHOUT DRUGS BTK



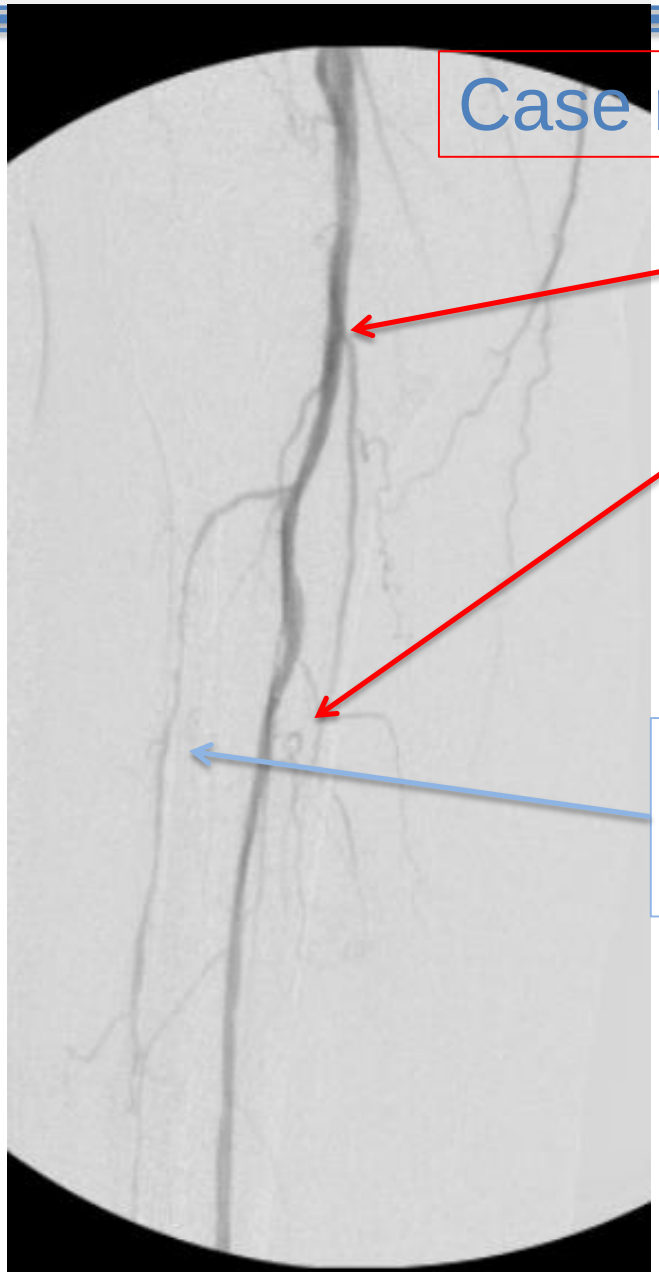
Predilatation 3.0 mm

Predilatation 2.0 mm

TION WITH OR WITHOUT DRUGS BTK



Case report: Final angiogram

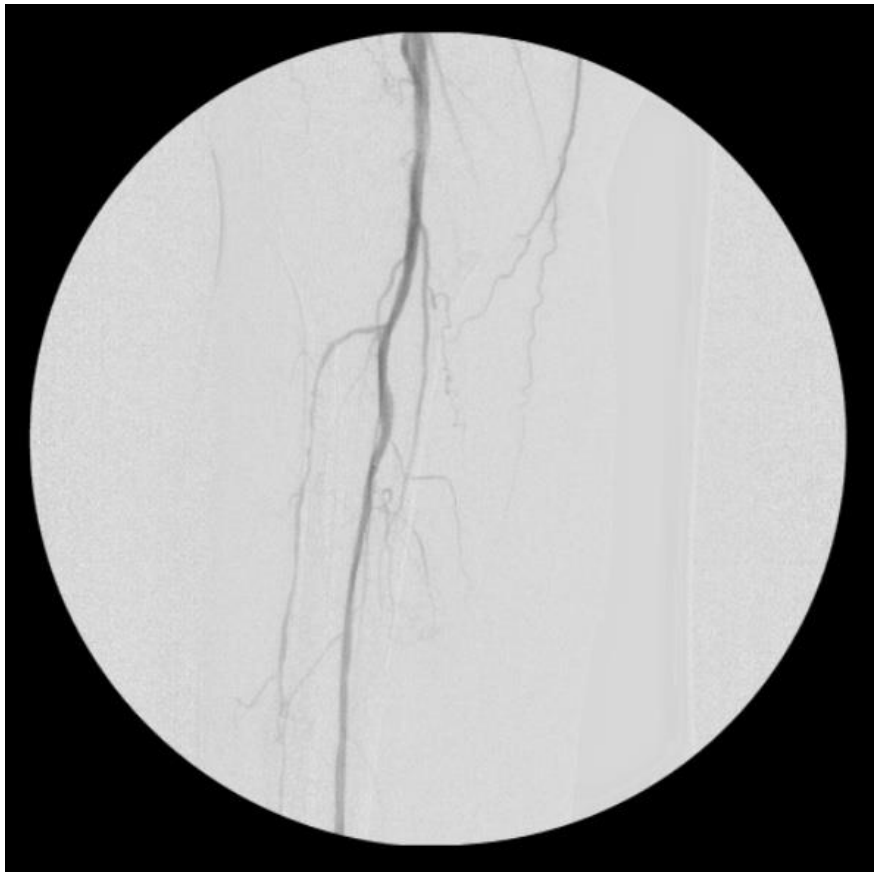


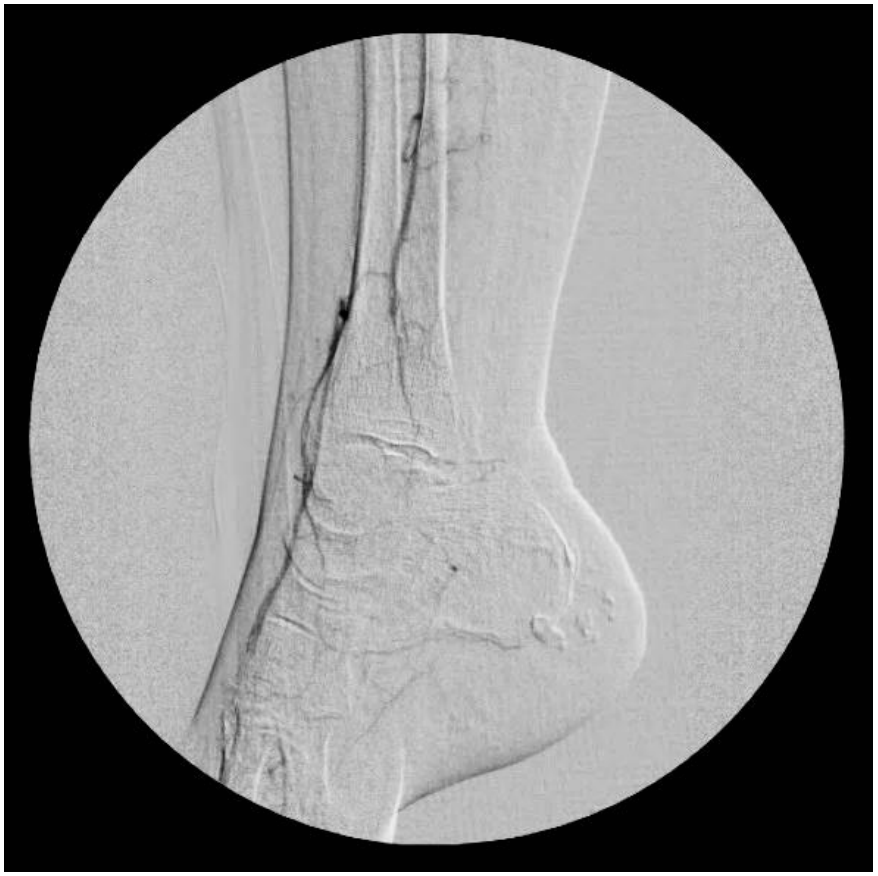
Popliteal artery

Peroneal artery

Spasm AT artery post-dilatation 3 mm

Case report: Final angiogram





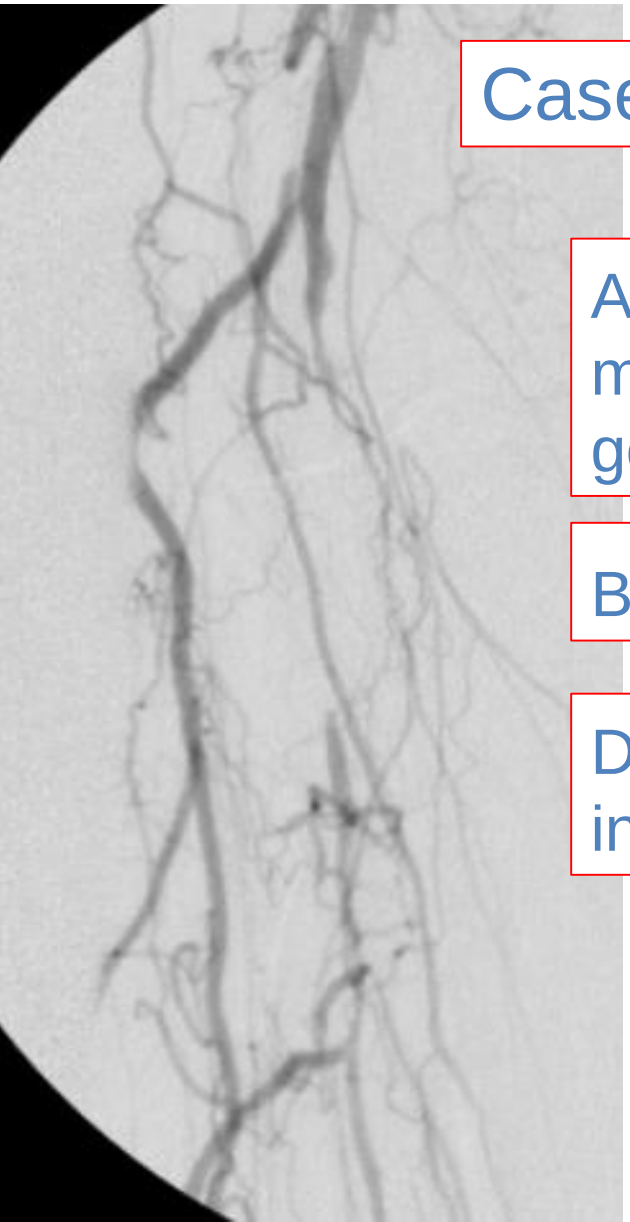
Case report: clinical results

Patient discharged 24 h later

No rest pain or complication at discharge

Peroneal arterie patent at 9 months US follow up

Clinical benefit mantained 9 months after procedure with no redo interventions



Case report: some comments

A combination of BTK CTO techiques are many times required to achieve a final good result

Bending areas treatment is unclear

Drug eluting technologies are available to increase treatment patency but …

When???


THANK YOU!!!

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