i-MEET

NEXT GENERATION

Multidisciplinary European Endovascular Therapy

Endovascular Treatment of a CLI-Patient with BTK-Disease

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Disclosure of Interest

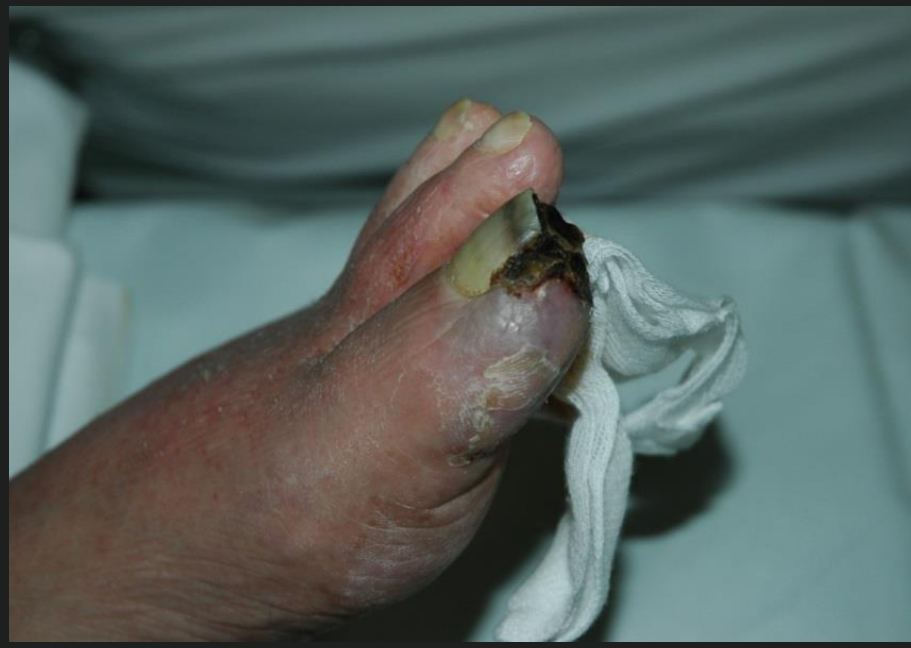
Speaker name: Andrej Schmidt

I have the following potential conflicts of interest to report:

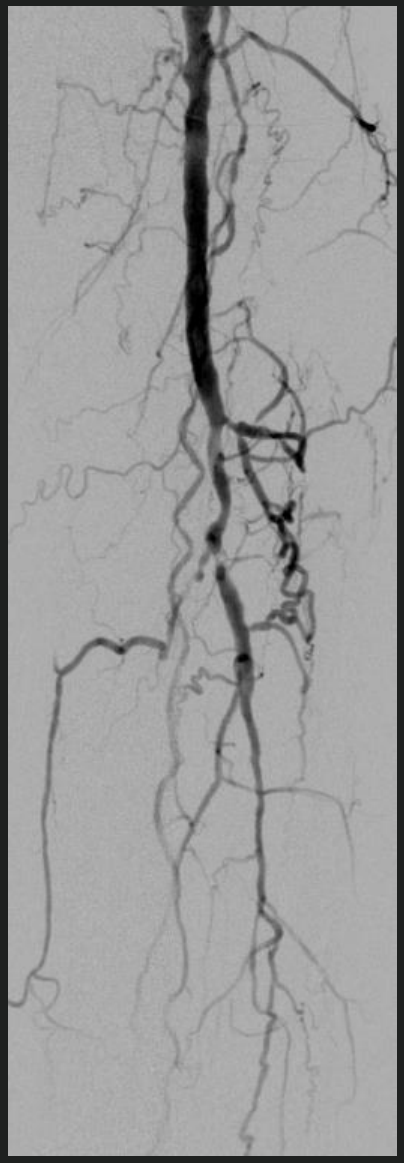
- Consulting:
- Medtronic, Abbott, Boston Scientific, Cook, Cordis, C.R.Bard, Intactvascular, ReFlow Medical, Spectranetics, Upstream Peripheral

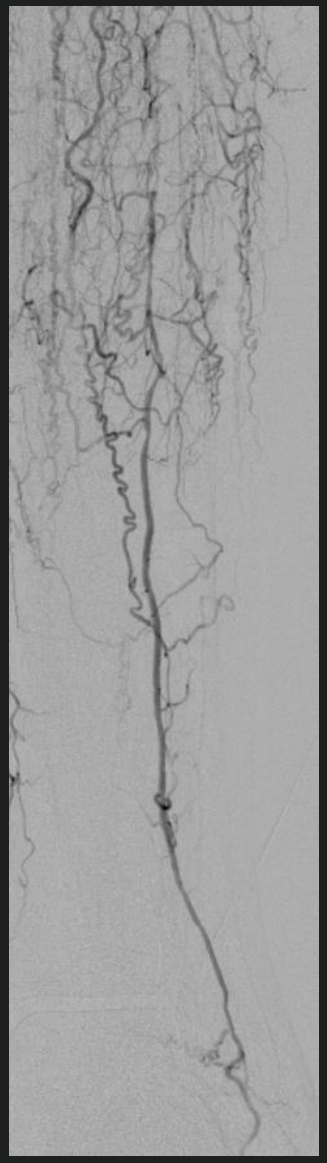
Case-Presentation

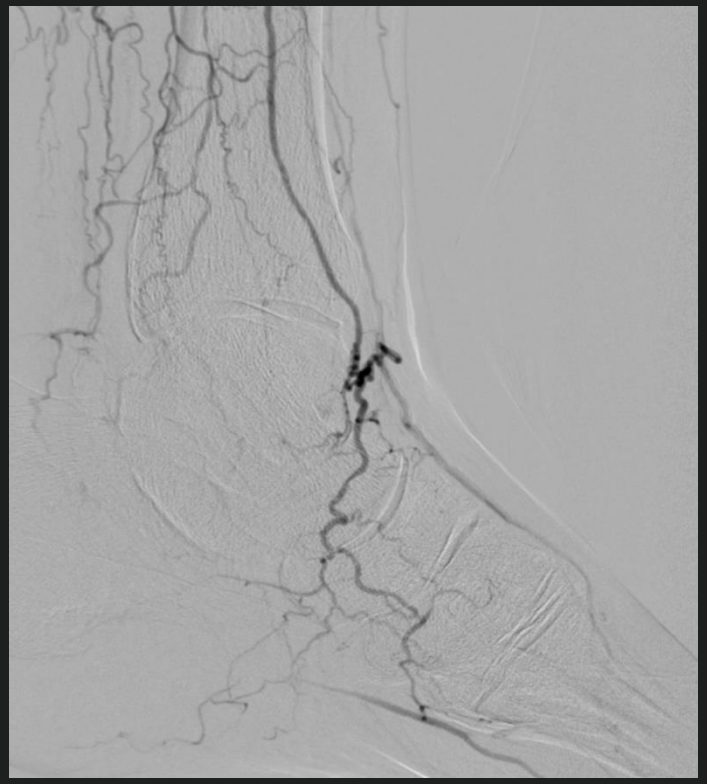
- 52 years male patient
- Diabetes mellitus type 2
- Heavy smoker
- Severe restpain dig I left and gangrene since 4 weeks



Rutherford 5 left





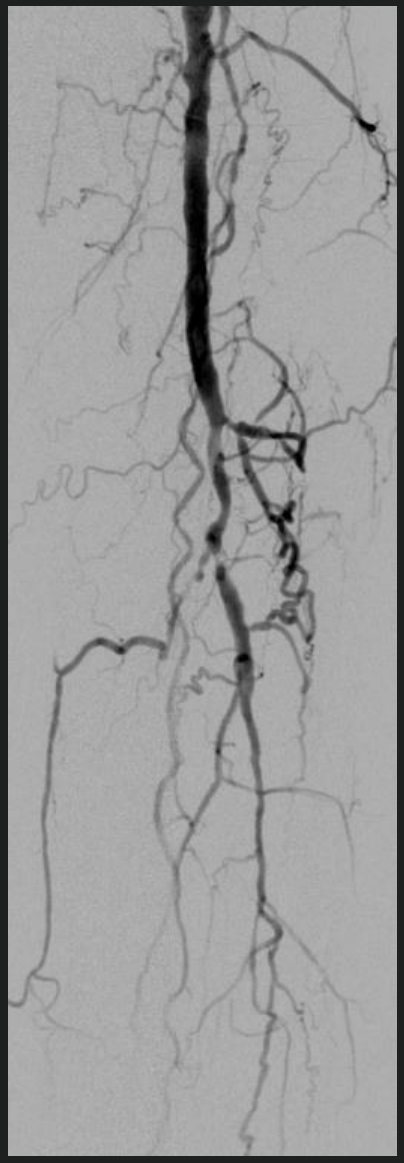


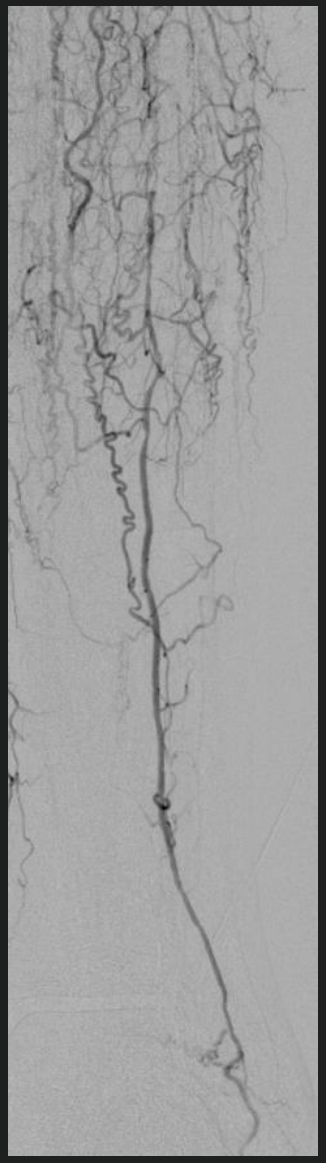
Pedal arch occluded

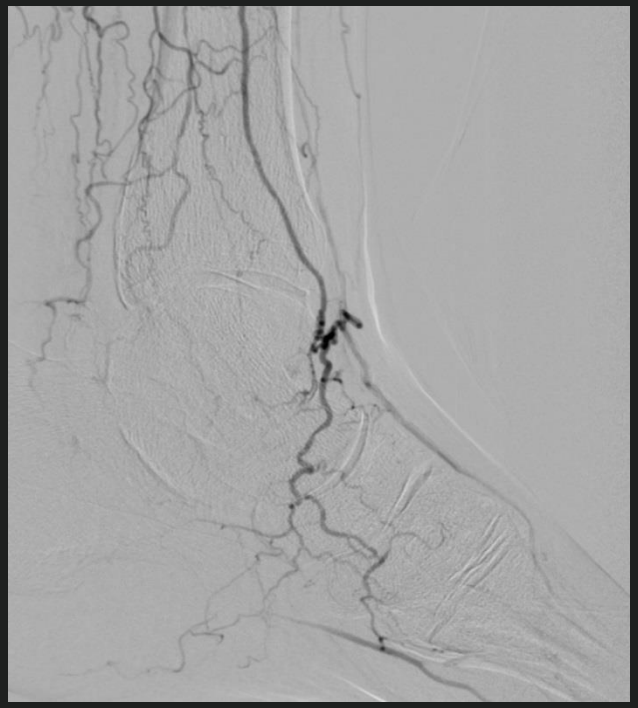
Typical disease-pattern for DM ?

Buerger‘s disease ?

Recanalization Treatment







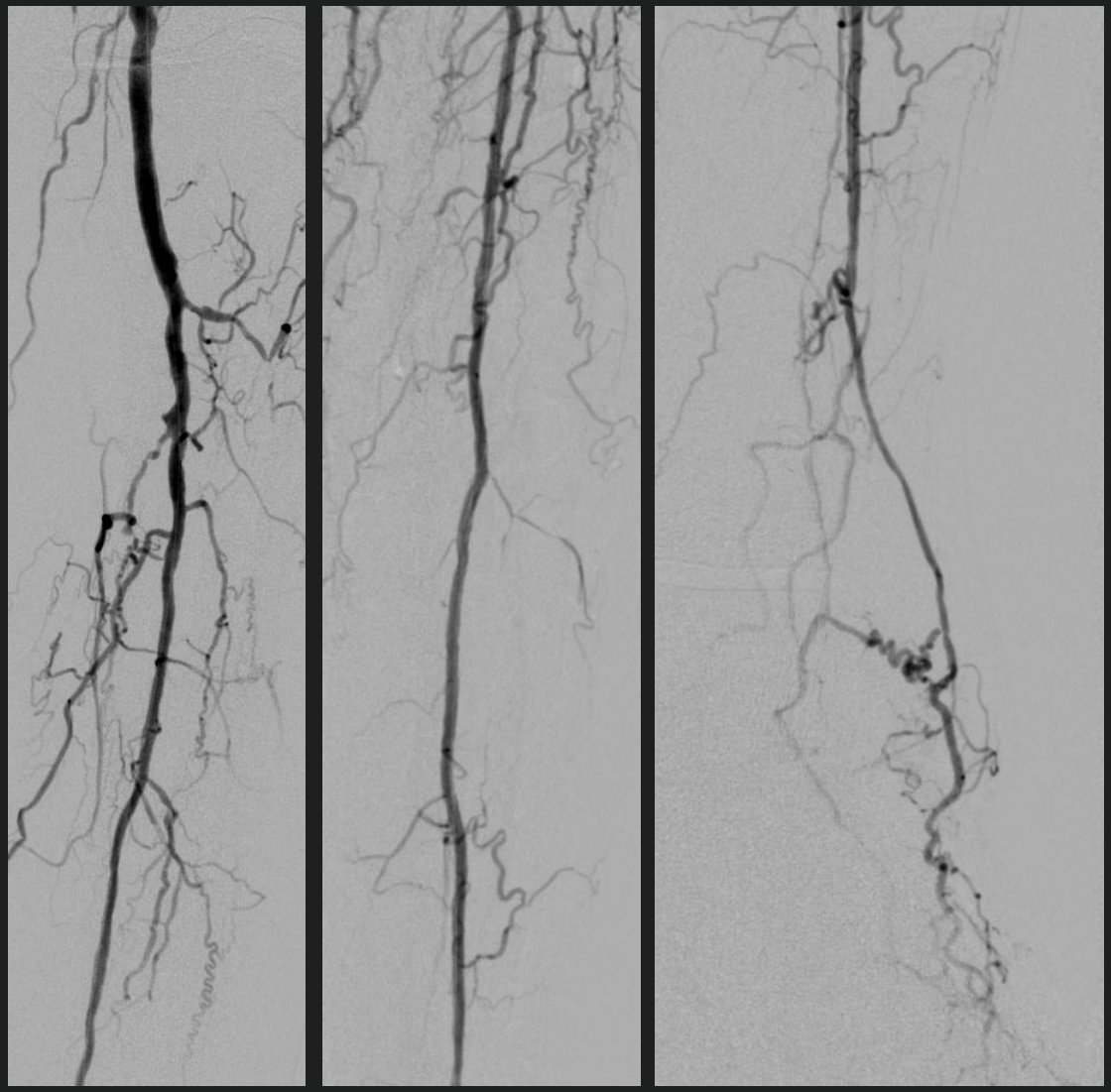
Endo / bypass ? (long lesion)

Peroneal or anterior / posterior tib. ?

POBA, atherectomy, stenting ?

Reconstruction of forefoot-arteries ?

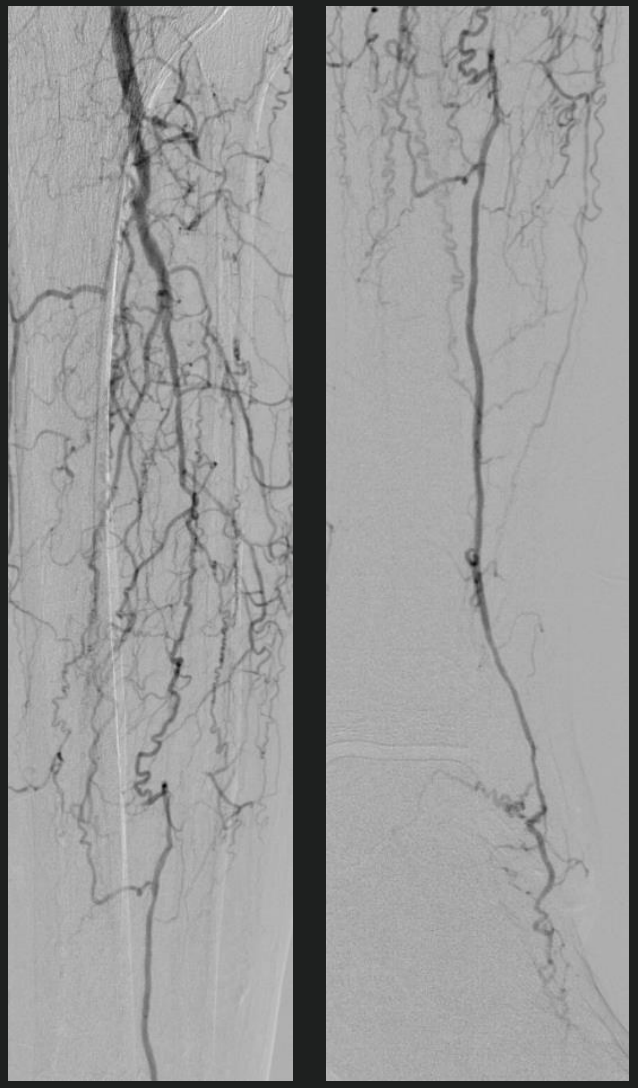
Endovascular Treatment



PTA with a low profile 2.5/150 balloon

- Slow healing
- Restpain resolves slowly during healing-process
- At 6 weeks toe still ischemic
- Repeat angio ?

Re-Occlusion at 6 Weeks



Re-occlusion

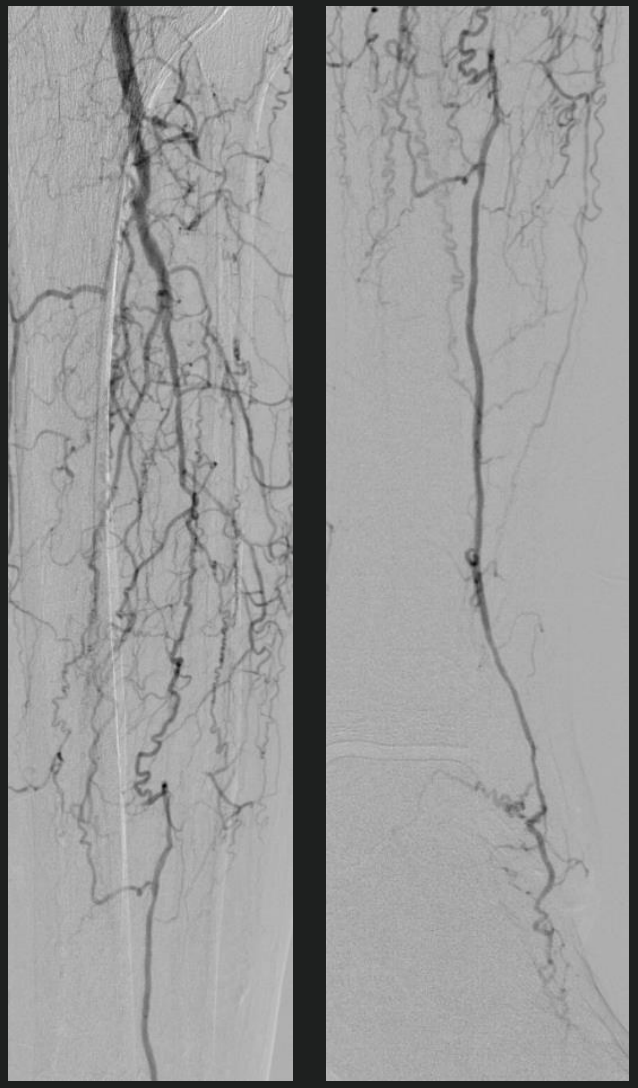
- Repeat PTA ?

- Peroneal bypass ?

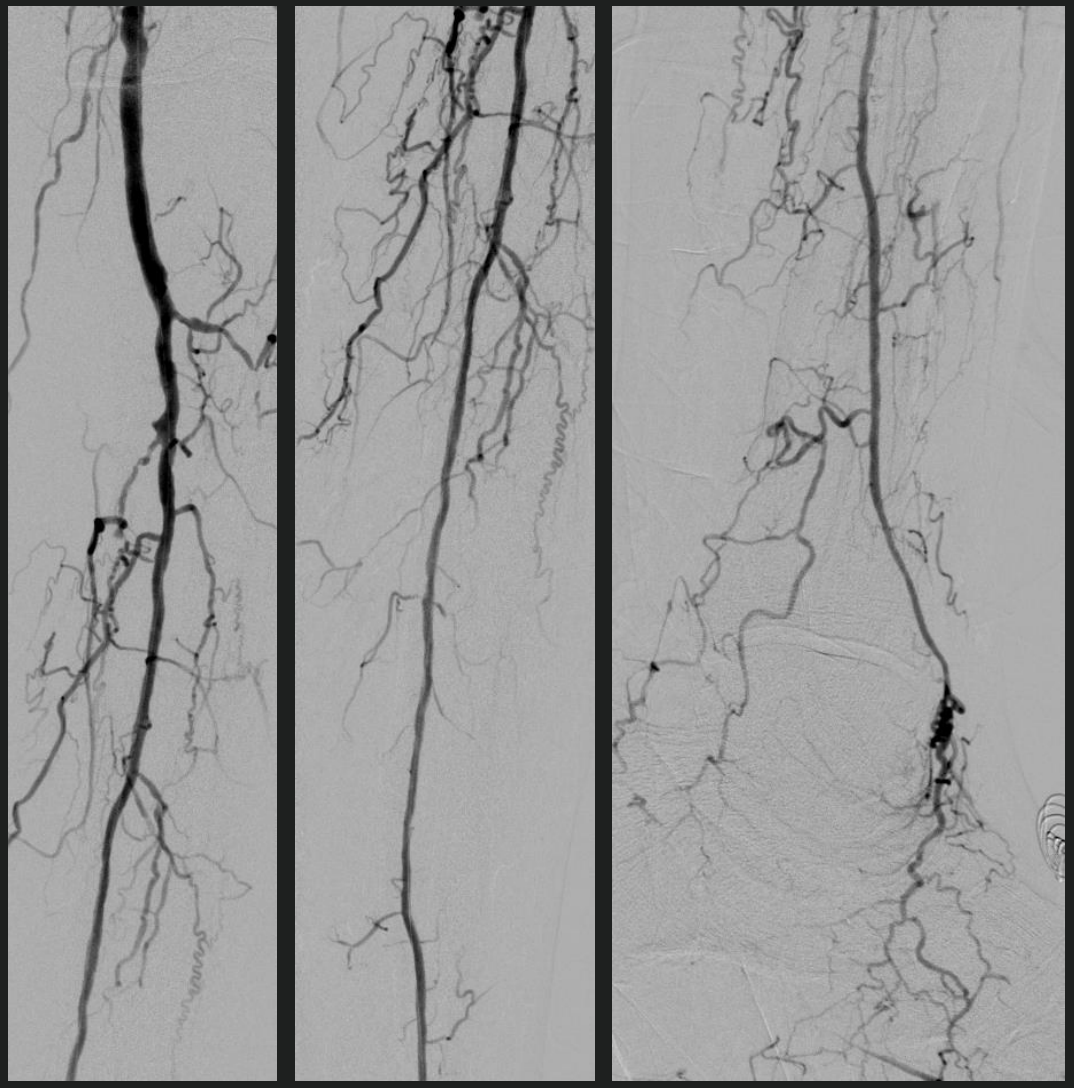
- Conservative treatment ?
  (toe-amputation not necessary)

- Endo: some different technique ?

Re-Occlusion at 6 Weeks

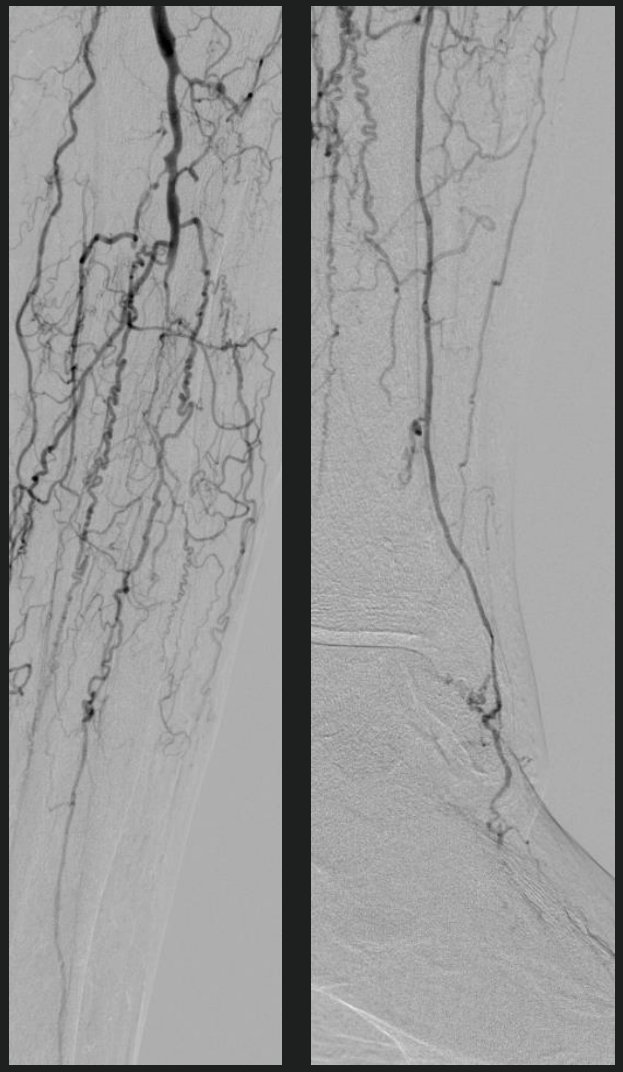


Re-occlusion



Second treatment with POBA

Second Re-occlusion after 4 Months



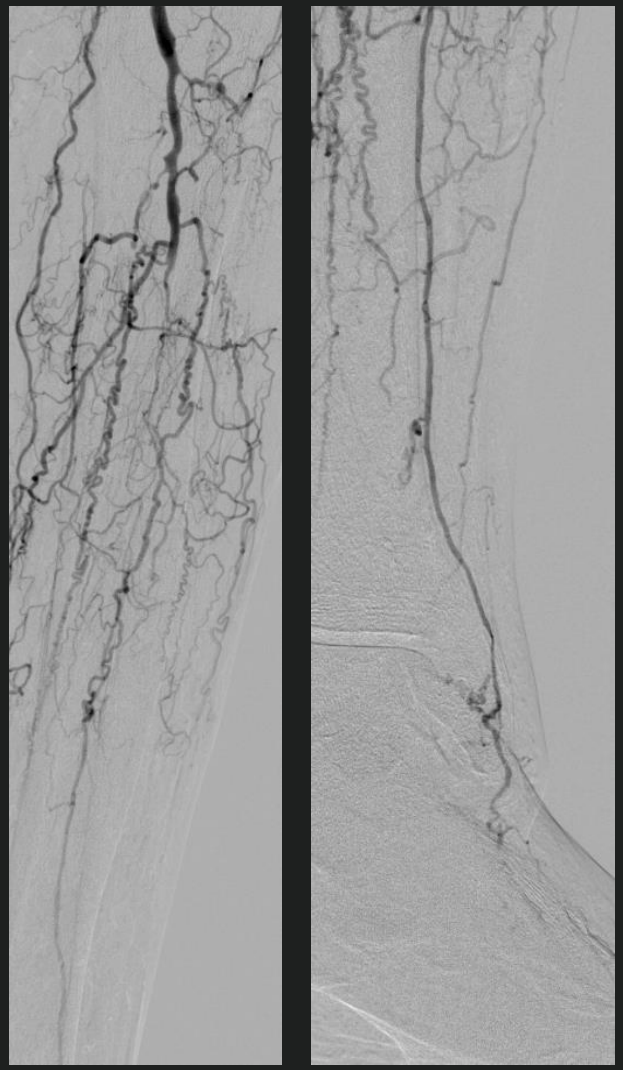
Second re-occlusion

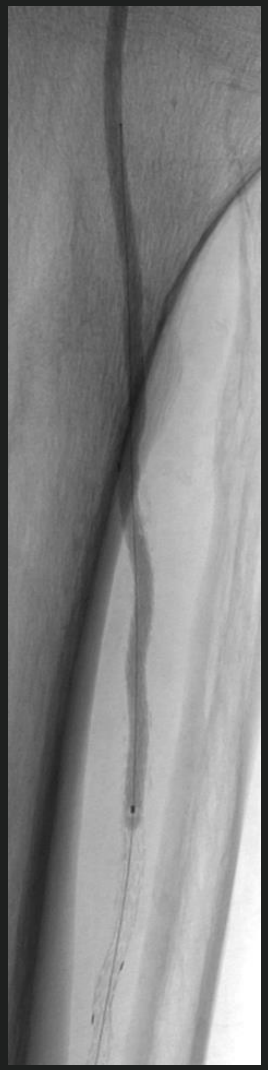
- Recurrence of ischemia at toes, but no ulcer / gangrene

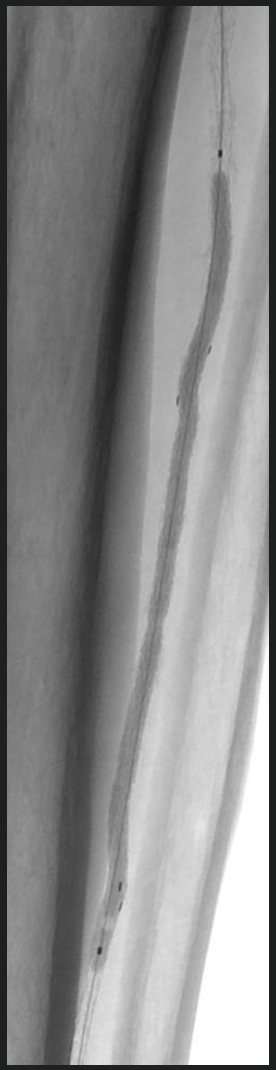
- Continues to smoke

- Bypass ?
- Endo ?
- Different techniques ?

Second Re-occlusion after 4 Months



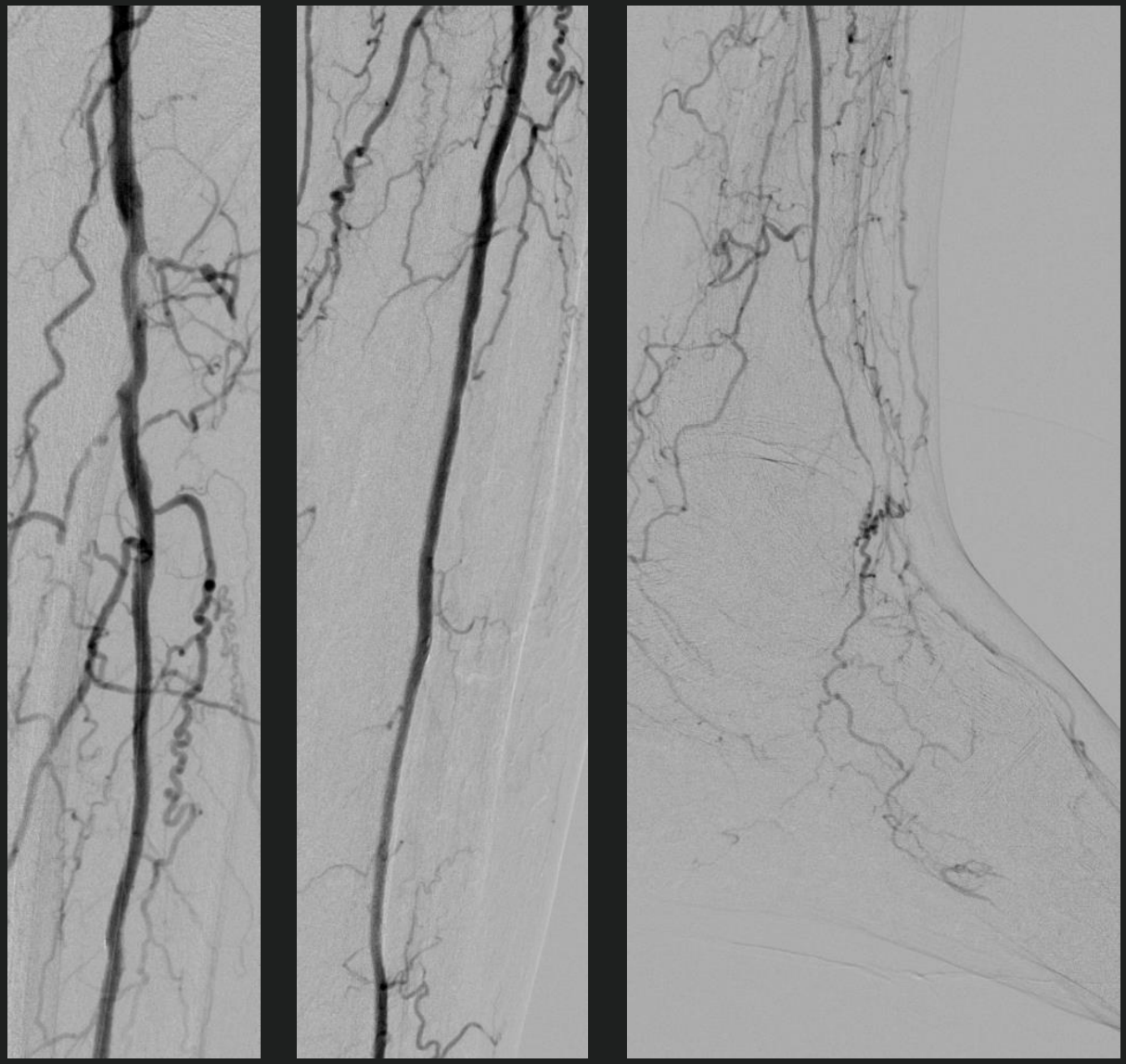




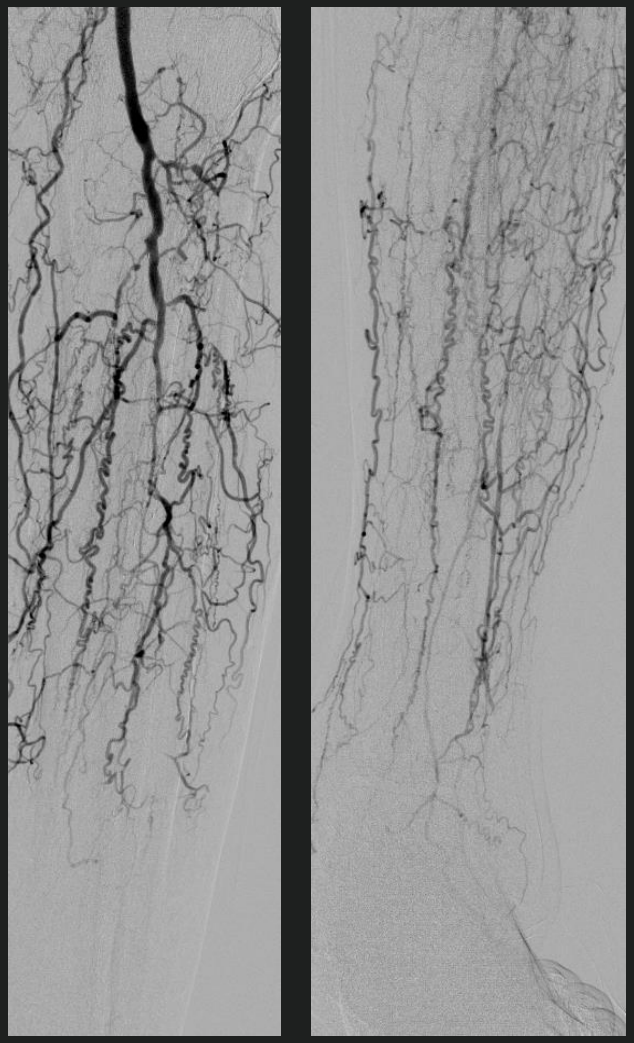
Second re-occlusion

3 x 4/80mm self-expanding BMS

Result after 3. PTA and Stent-Implantation



Third Re-Occlusion (in Stent) after 5 Months

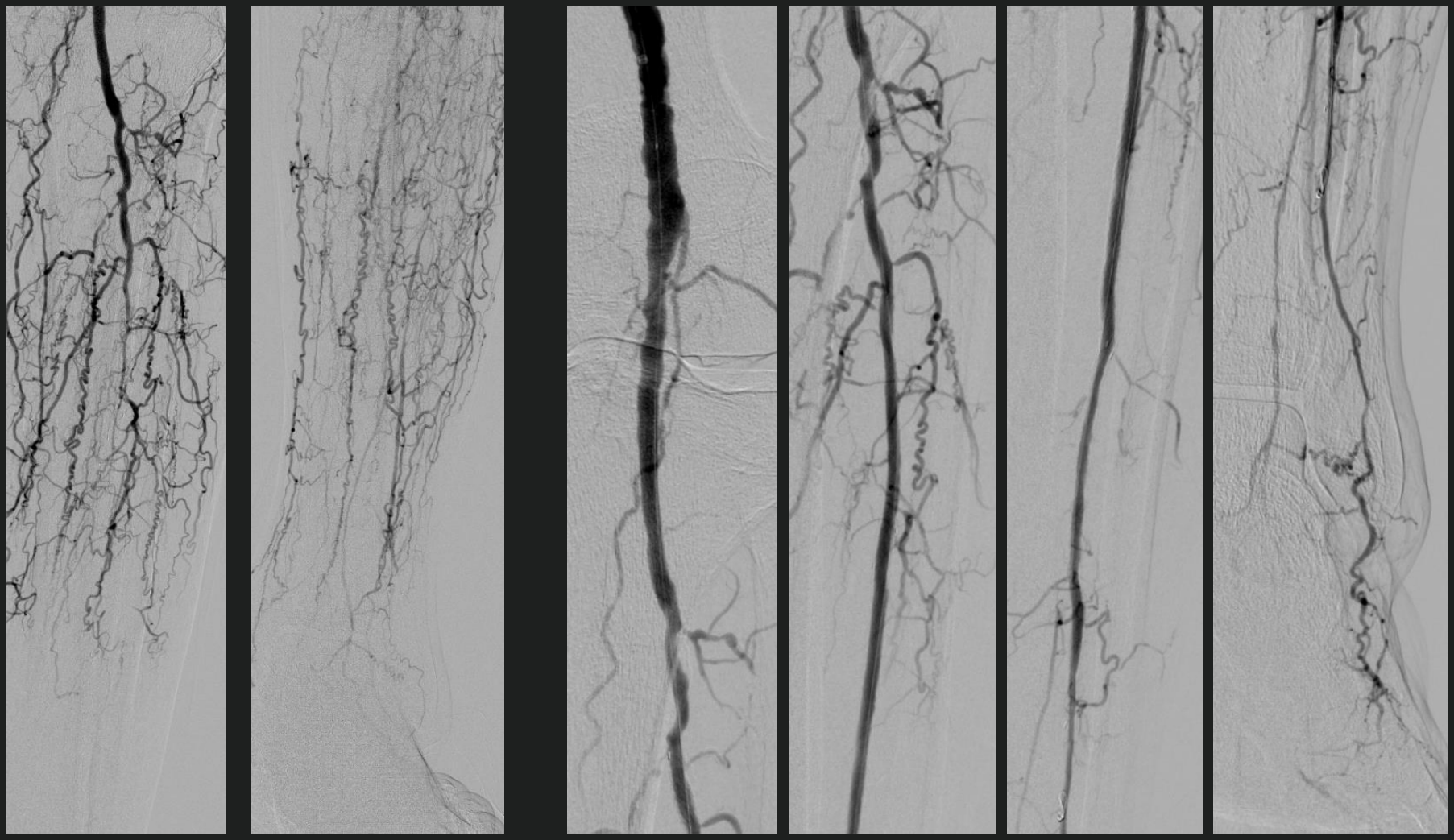


Third re-occlusion

- Recurrence of ischemia forefoot
  Swelling, restpain, discoloration

- Endo / Bypass still possible ?

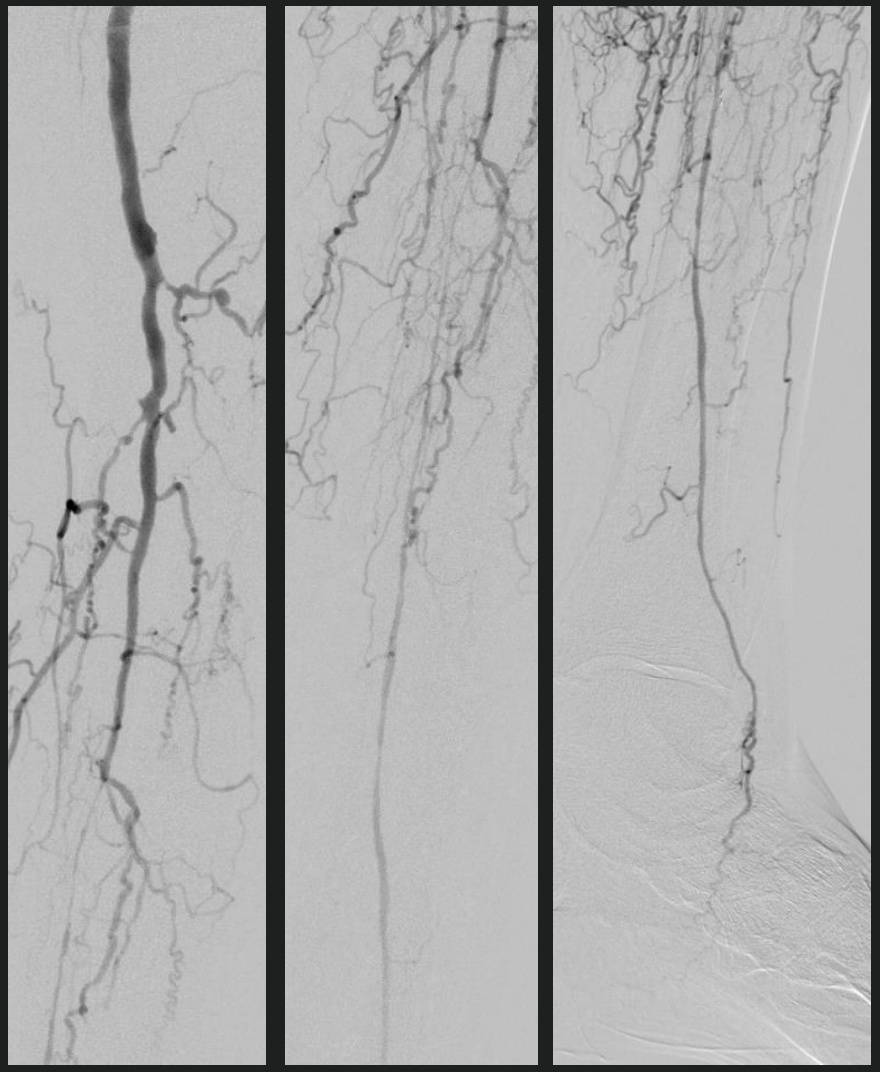
Third Re-Occlusion (in Stent) after 5 Months



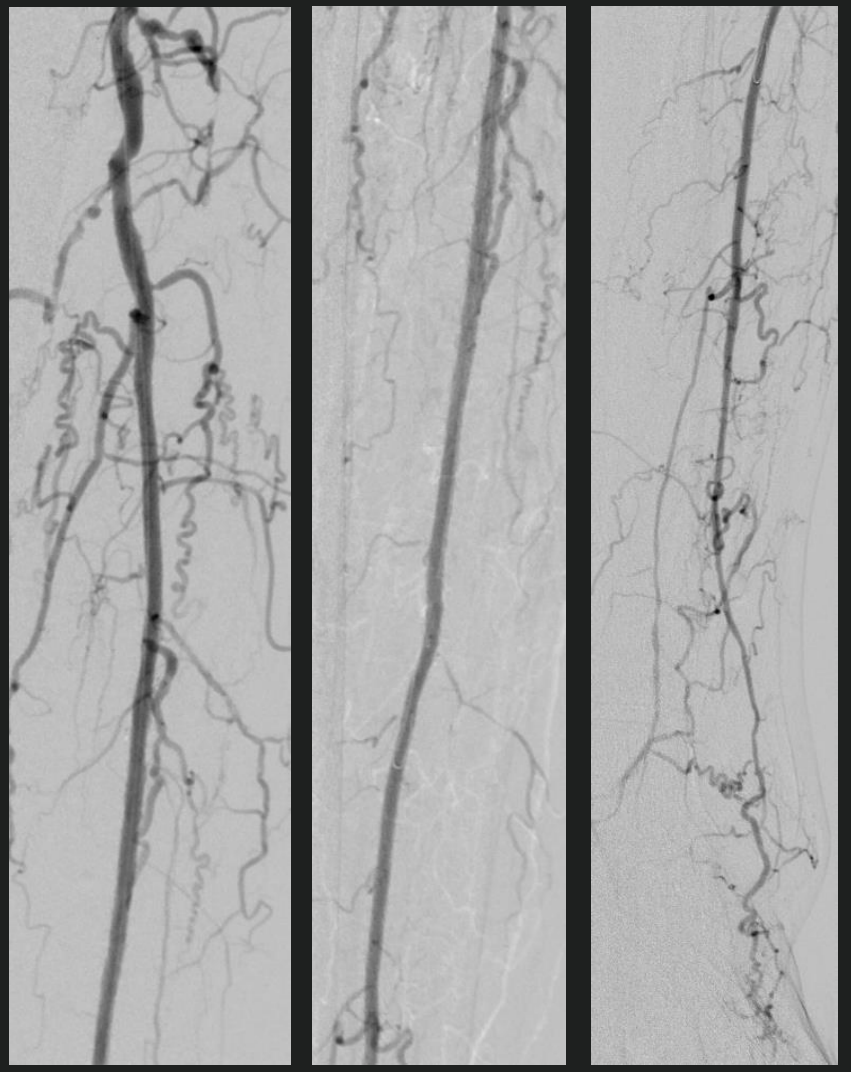
Third re-occlusion

Fourth treatment with POBA

Fourth Re-Occlusion at 6 Mo, Recurrence of Disease

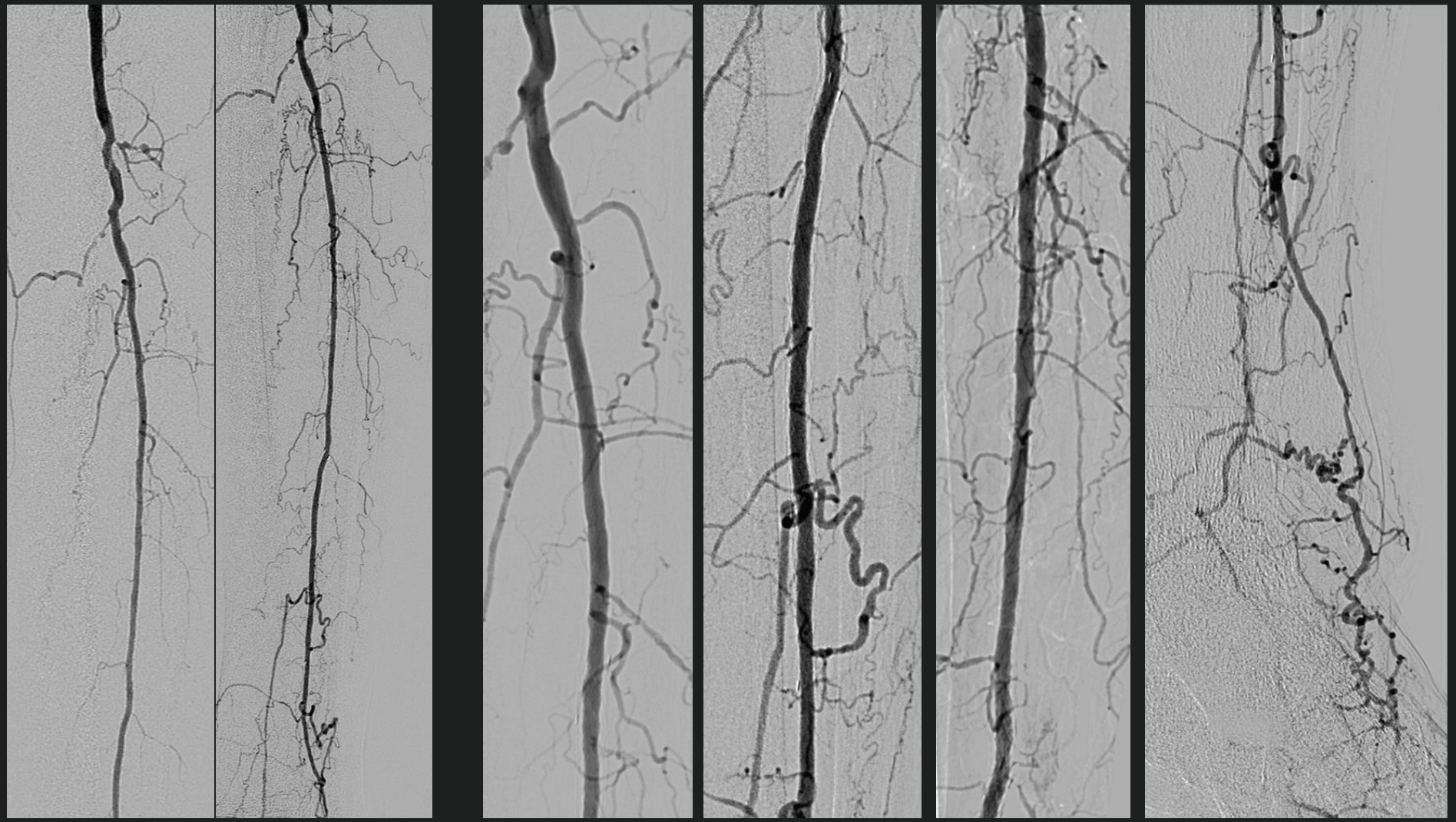


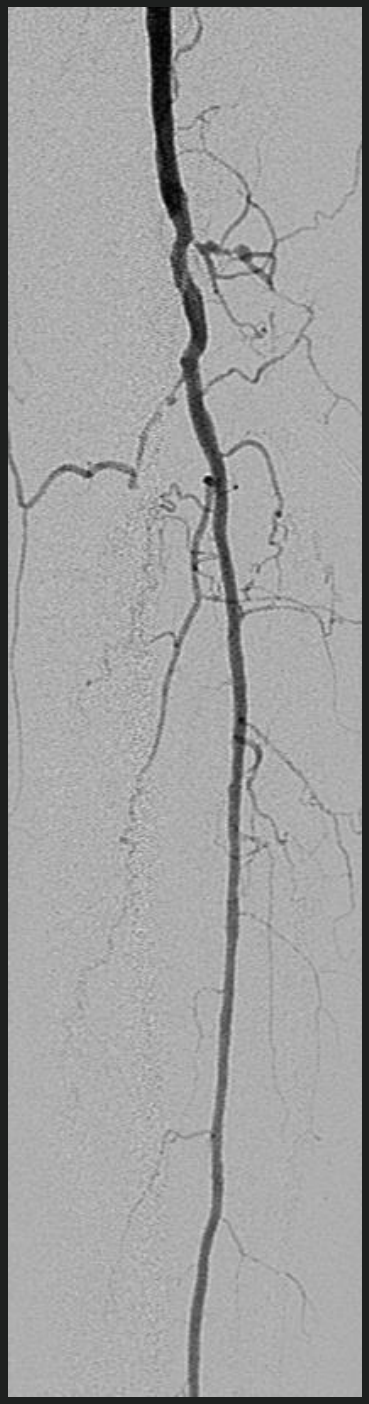
Fourth Re-occlusion



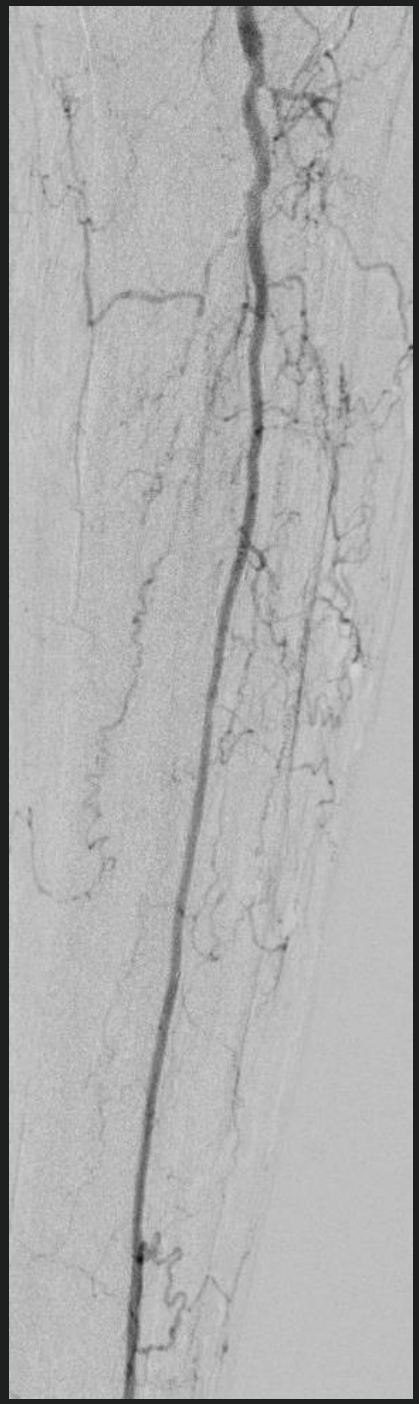
5. Intervention (DCB)

6 Months Angiography after DCB, no Symptoms



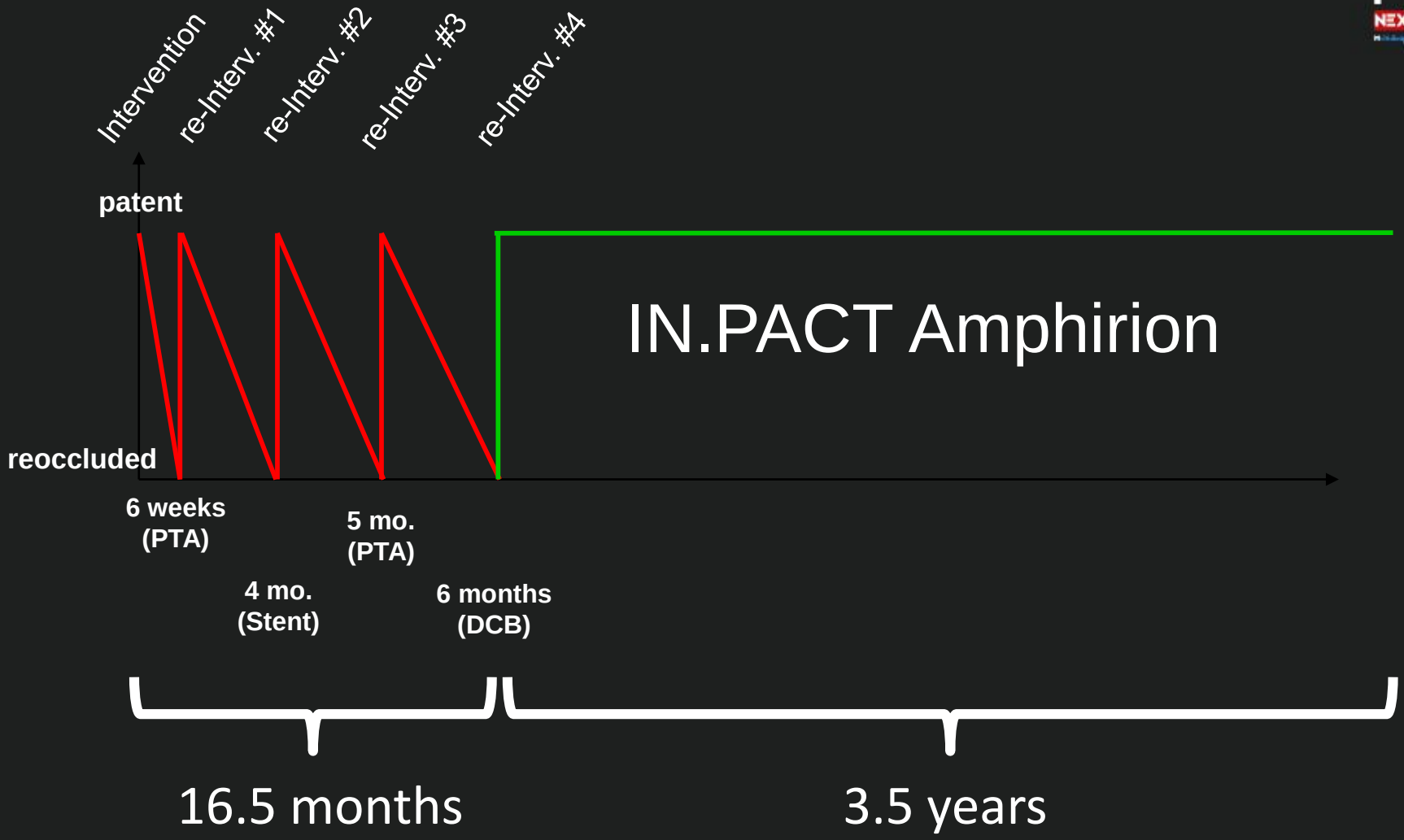


6 months
after DCB



3.5 years
after DCB

Angio during
treatment right



DCB-treatment in the first step would have prevented recurrence of disease and 4 TLRs ?

IN.PACT DEEP: 12 Months Results

	DEB	POBA	P
LLL (mm)	0,61	0,62	0,950
Binary restenosis rate	41,0 %	35,5 %	0,609

?

	DEB	POBA	P
Major amputation	8.8 %	3.6 %	0.080

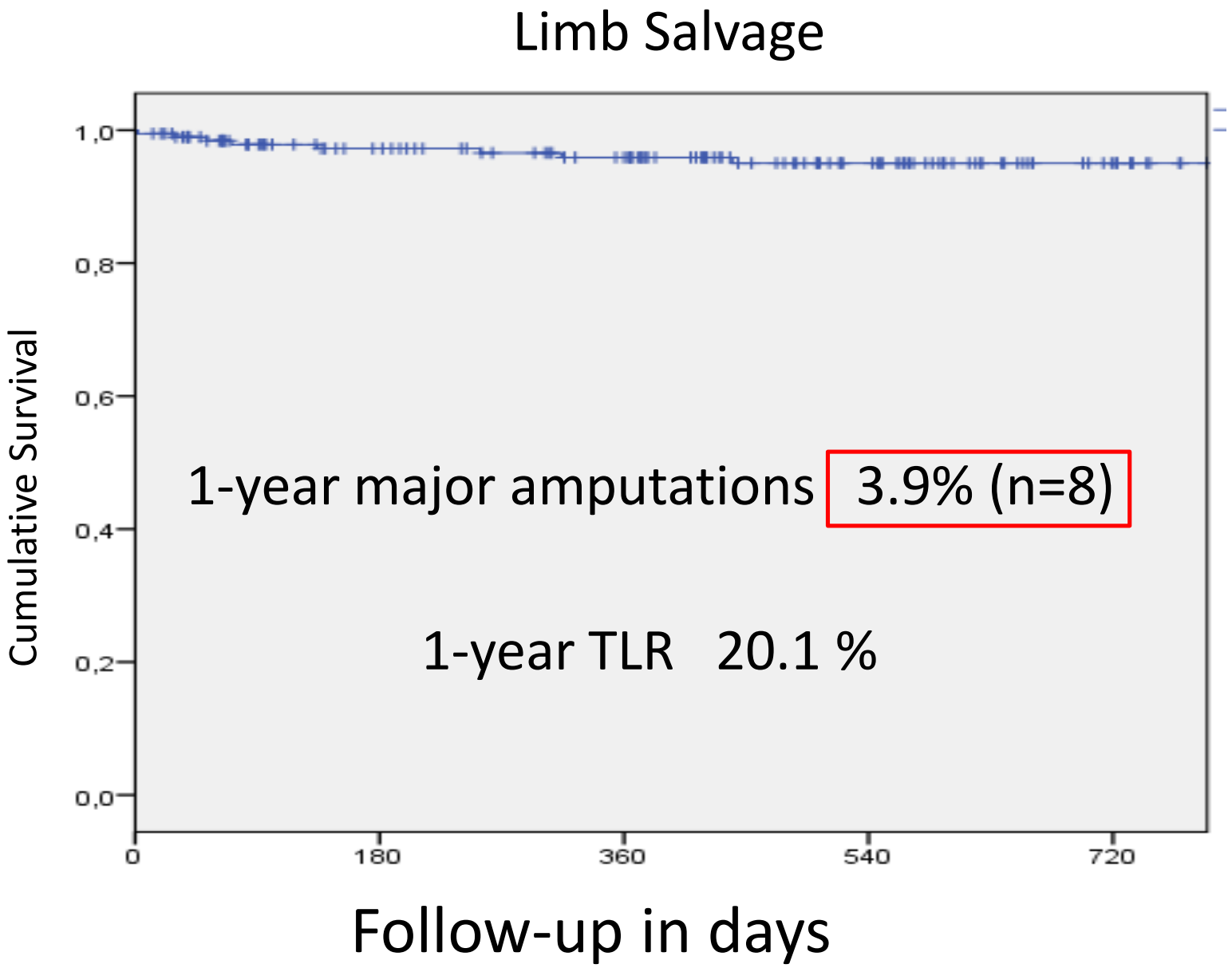
Zeller et al. *JACC* 2014

Leipzig Experience With DCBs BTK

1/2009 – 5/2012:

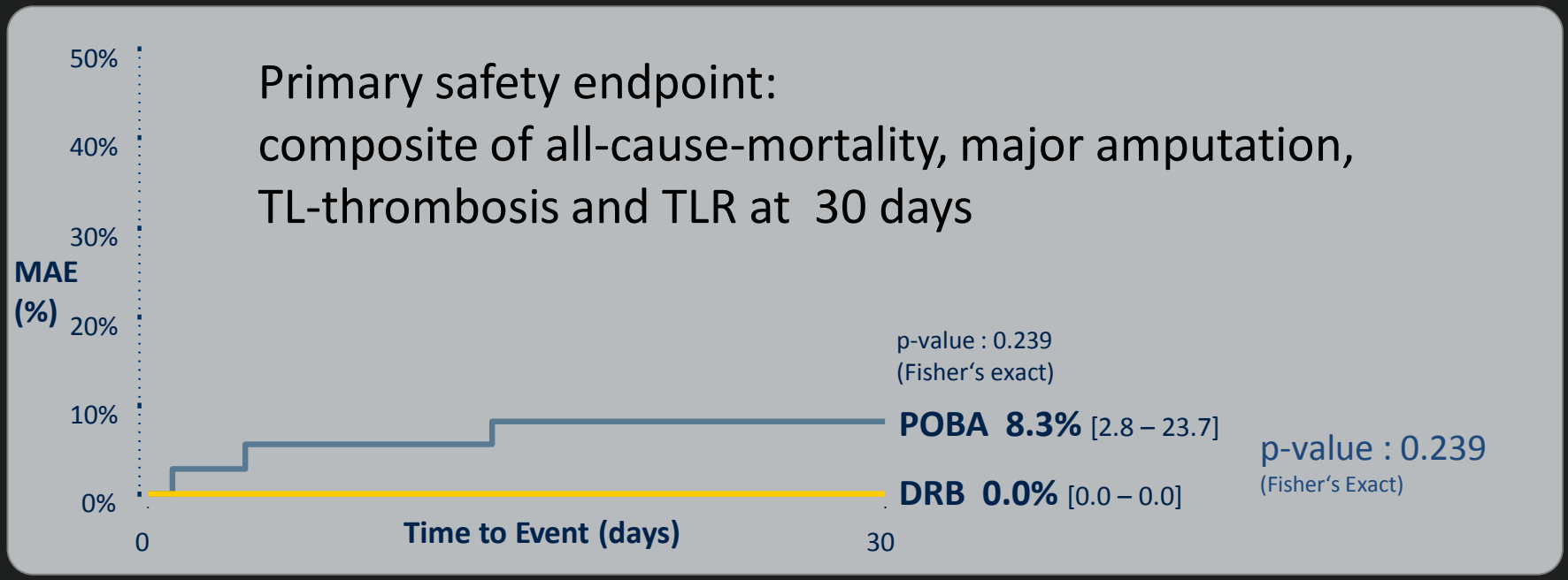
- IN.PACT DCBs were used in Apop / BTK
- 195 CLI patients (Ruth 4-6); 205 limbs
- Rutherford 4: 52 (25.4%)
- Rutherford 5: 140 (68.3%)
- Rutherford 6: 13 (6.3%)
- Mean lesion length: 148 ± 92 mm
- Occlusion 142 (69.3%)
- De-novo 133 (64.9%)

Leipzig Experience With IN.PACT Deep BTK



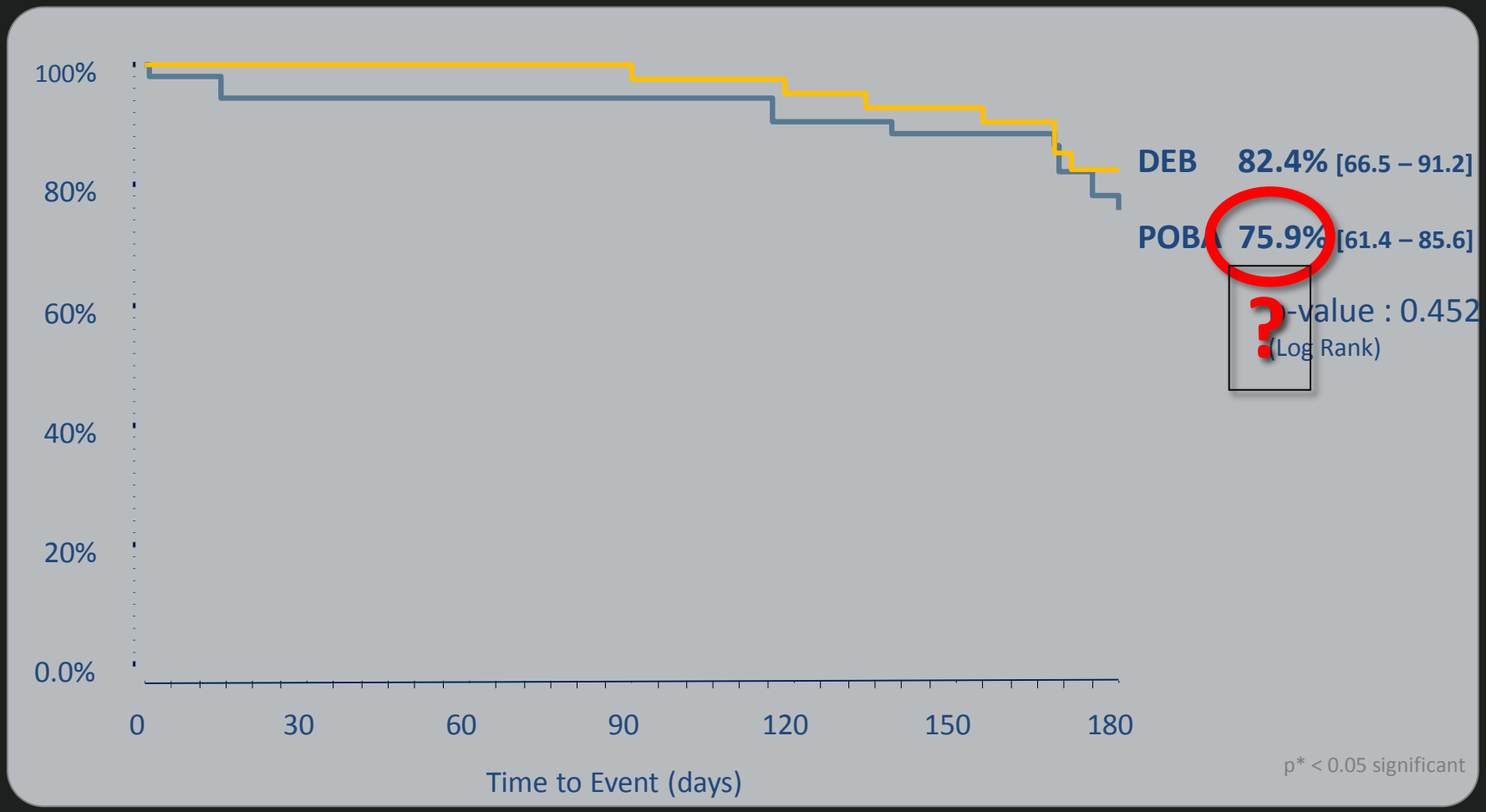
BIOLUX P-II: RCT Passeo 18-Lux vs. POBA BTK
Major Adverse Events at 30 days

- Passeo-Lux DCB 31 patients
- Passeo-control 31 patients



Zeller et al. *JACC* Intervent 2015

TL Primary Patency at 6 months



Zeller et al. *JACC* Intervent 2015

Summary

- So far no good data to prove that DCB work BTK

  but cases give hints that they can be effective