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Clinical Case: BTK DES

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Case report: Fontaine III CLI

74 years Old Male

Diabetes mellitus

Moderate chronic renal disease

Previously asymptomatic





Case report: Fontaine III CLI

Vascular examination:

Femoral pulse +

Popliteal pulse +

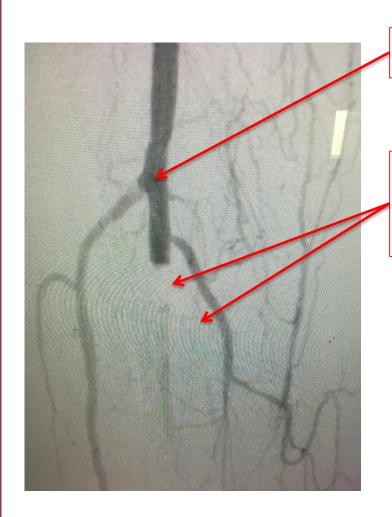
Distal pulse -

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





Case report: diagnostic angiogram



ATA ostium stenosis

Peroneal/posterior tibial artery occlusion





Case report: diagnostic angiogram



ATA DCB angioplasty (3.5 x 20 mm Luminor iVascular)

Peroneal/posterior tibial artery cannulation and 0.014" wires in place for kissing balloon





Case report: results after Angioplasty



Peroneal/posterior tibial artery residual stenosis/spasm

reDo PTA





Case report: results after reAngioplasty



Peroneal/posterior tibial artery residual stenosis/spasm

4x27 mm DES in Peroneal artery





Case report: results after Peroneal DES



Posterior tibial artery residual stenosis & distal spasm

Local heparin 1000 ui + 100000 ui Uk + 200 mcg nitroglicerin





Case report: results after reAngioplasty



Posterior tibial artery residual stenosis

3 x 27 mm DES (Biomime coronary DES)





Case report: final results after DES



Posterior tibial artery residual spasm (distal to DES)





Case report: clinical results



Patient discharged 24 h later

No rest pain or complication at discharge

Peroneal and Posterior tibial arteries patent at 6 months US follow up

Clinical benefit mantained 6 months after procedure with no redo interventions



