



# i-MEET

## NEXT GENERATION

Multidisciplinary European Endovascular Therapy

# Acute and chronic lower extremity ischemia with limited runoff: what to do?

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# Disclosure of Interest

Peter A. Schneider

I have the following potential conflicts of interest to report:

- Noncompensated advisor: Cardinal, Abbott, Medtronic
- Royalty: Cook (modest)
- Co-founder and Chief Medical Officer: Intact, Cagent
- Board member: VIVA (nonprofit)

# 82-Year-Old Woman Arrives at Emergency Department



week ago, but

# 82-Year-Old Woman Arrives at Emergency Department

- Legs have been bothering her for a month
  - Mostly numbness (feet and lower legs), minimal pain but right foot dorsum and toes hurt most
- Neurological exam
  - Sensory: Both feet insensate
  - Motor: Right foot 0/5, left-able to move toes
- CK levels 4500, WBC 15K

# 82-Year-Old Woman Arrives at Emergency Department

- Over this past month:
  - Numb feet
    - evaluated by neurology, nerve conduction studies, gabapentin
  - New blisters at ankles
    - evaluated by dermatology, biopsy
  - Blisters → symmetrical ulcers
    - evaluated by rheumatology for arteritis, many negative blood tests

# 82-Year-Old Woman Arrives at Emergency Department

## Exam

- Femoral pulses nl, no popliteal or pedal pulses
- No doppler signals. Pressure 0
- Dependent rubor and pallor on elevation. Tissue compromise dorsum of right foot and circumferential at both ankles
- New onset atrial fibrillation → heparin

# 82-Year-Old Woman Arrives at Emergency Department

*Dorsum right foot*





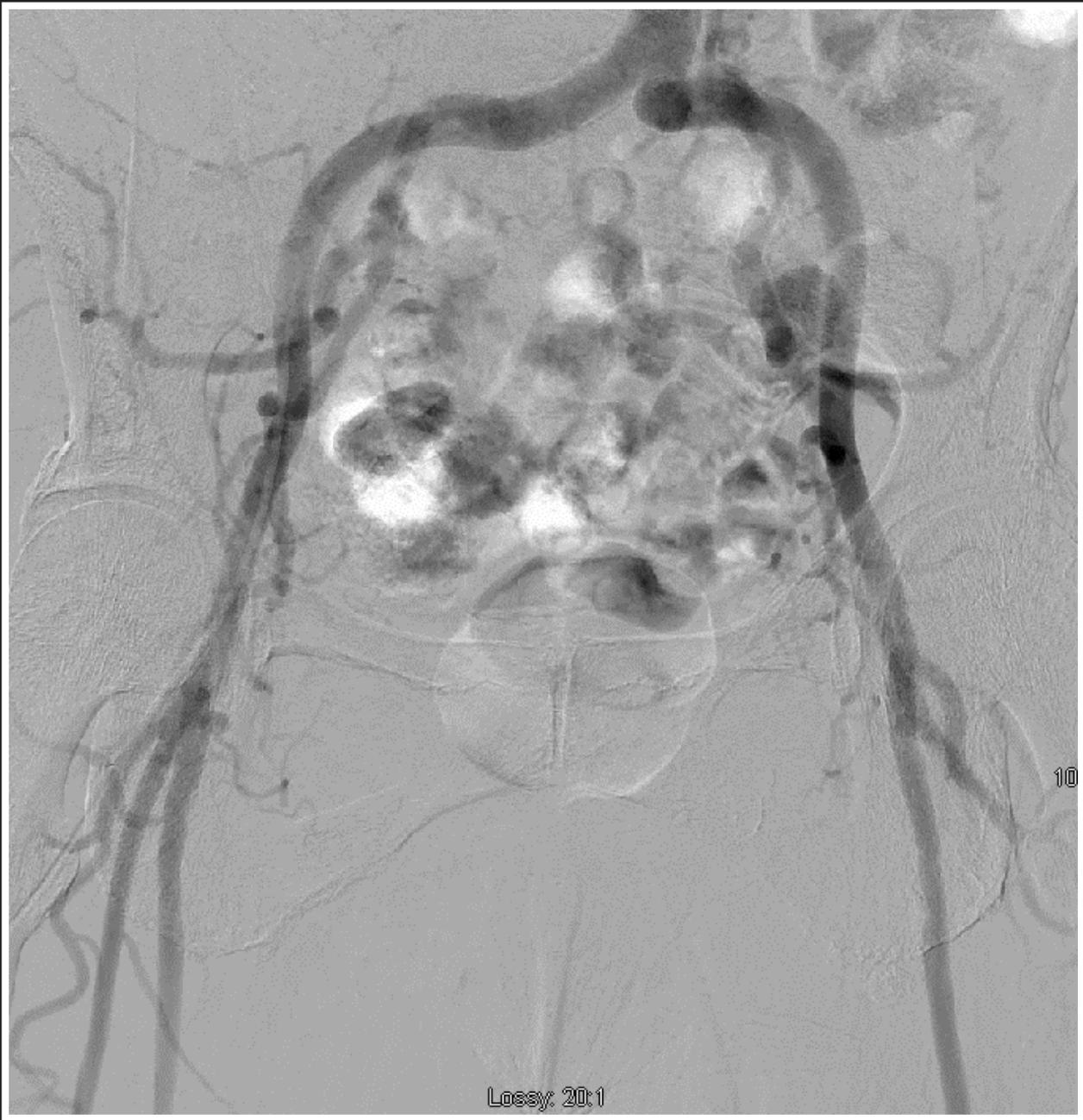
*Left posterior lower leg*



*Right lateral lower leg*

# 82-Year-Old Woman Arrives at Emergency Department

- Has not required treatment for hyperglycemia recently but has had mildly elevated HgbA1c (6 range)
- Former diabetic
- Prior to that she required insulin therapy but this resolved after she underwent bariatric surgery, lost 150 pounds

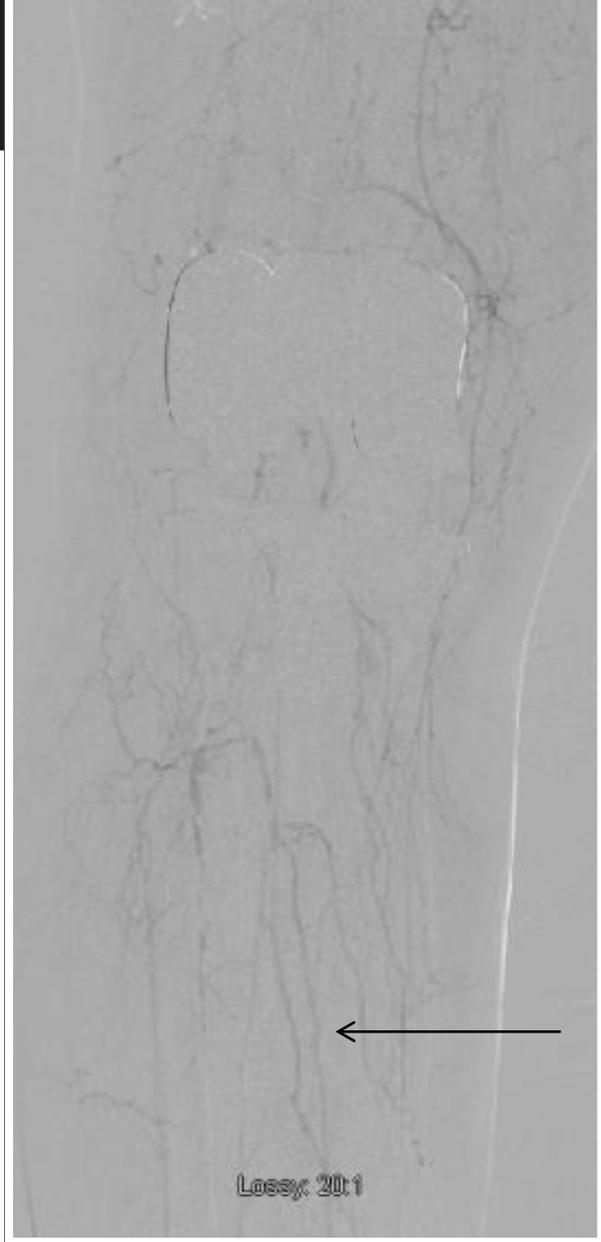
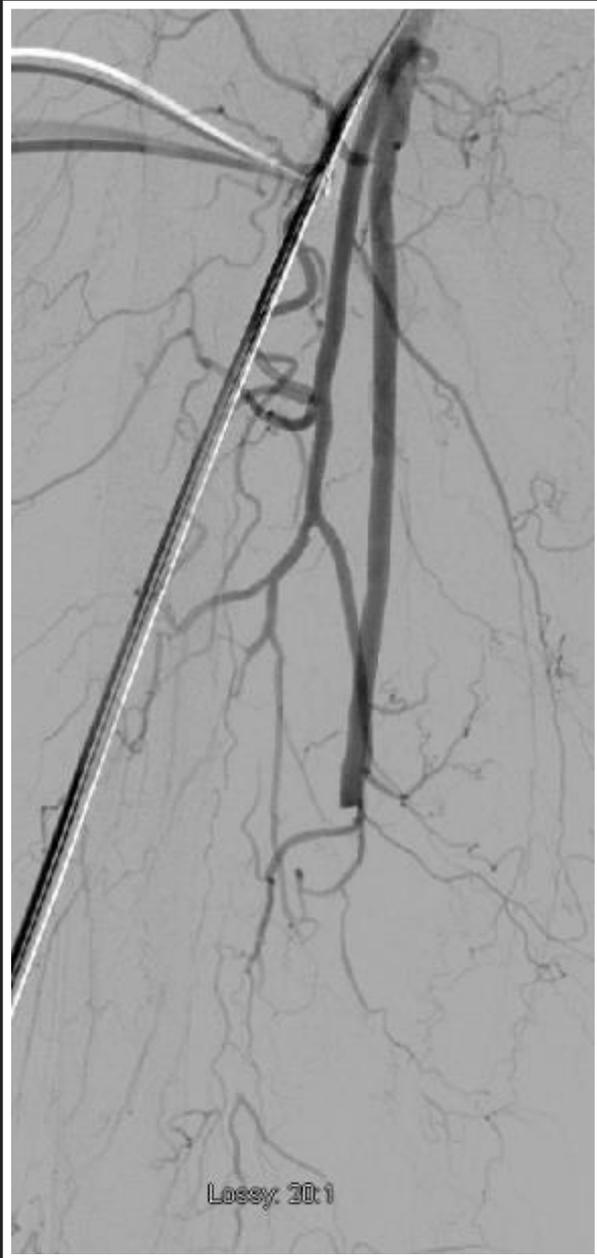


*Inflow*

Lossy: 20:1

10

# Right Leg



*Posterior tibial artery*

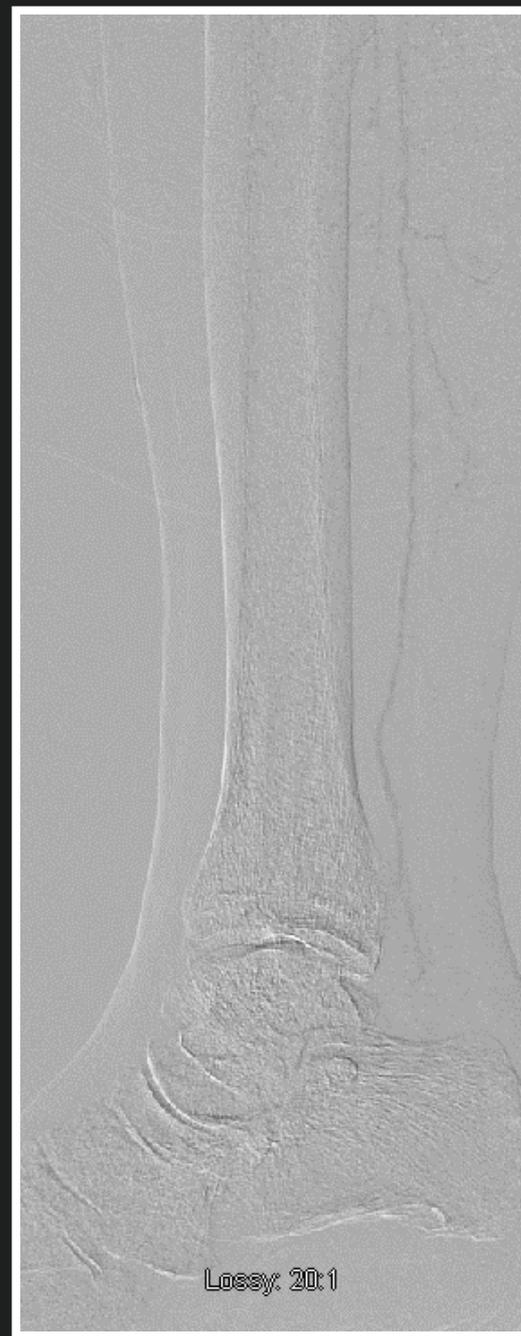
# Right Leg



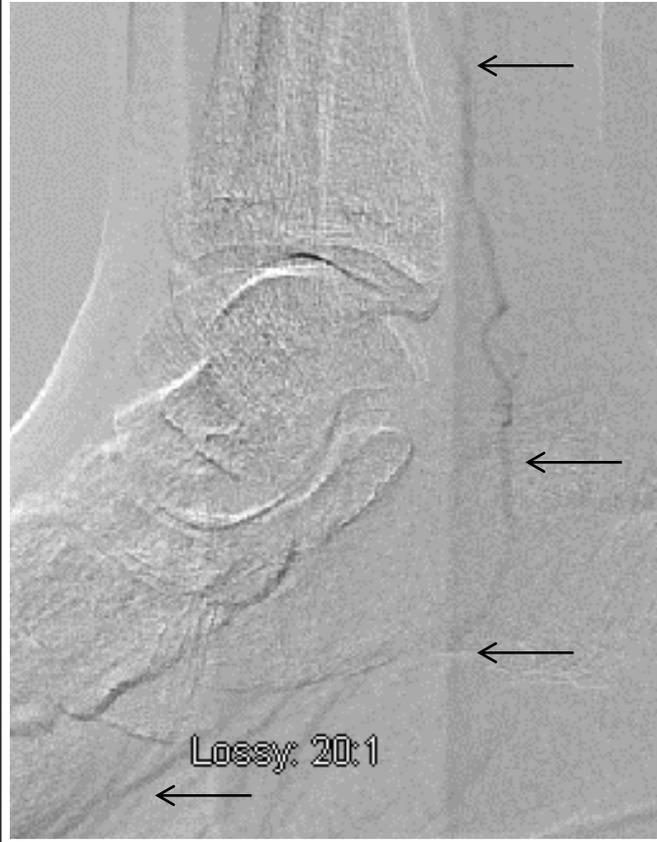
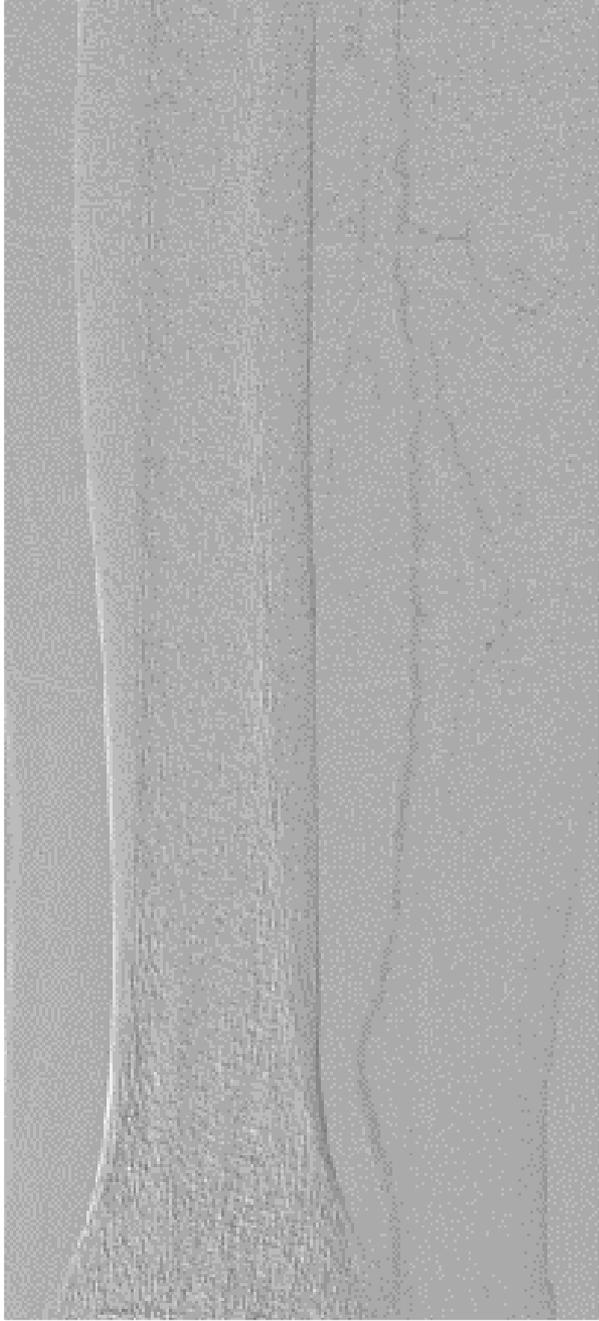
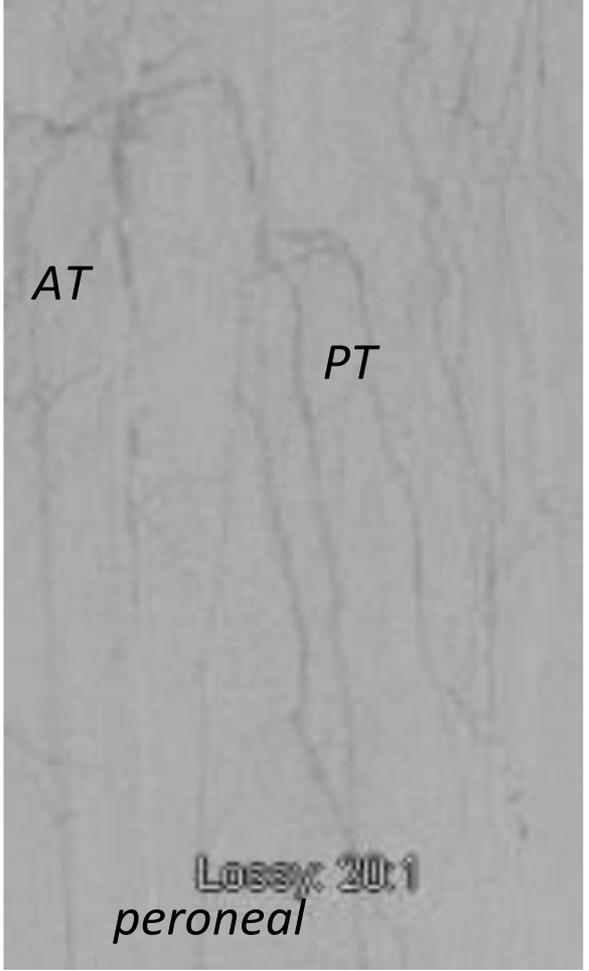
Lossy: 20:1



Lossy: 20:1



Lossy: 20:1



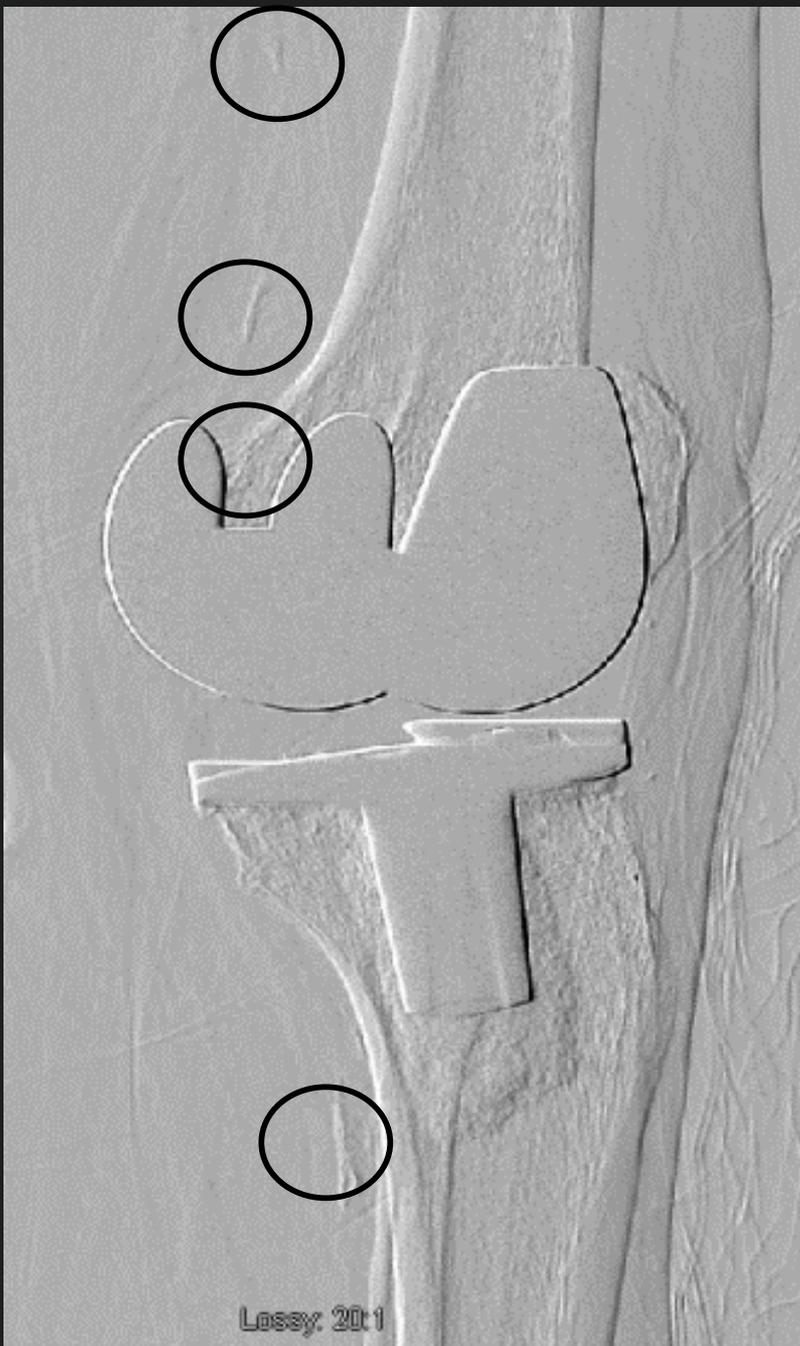
*PT runs off to foot*

*Right Leg  
Chronic Occlusive Disease*



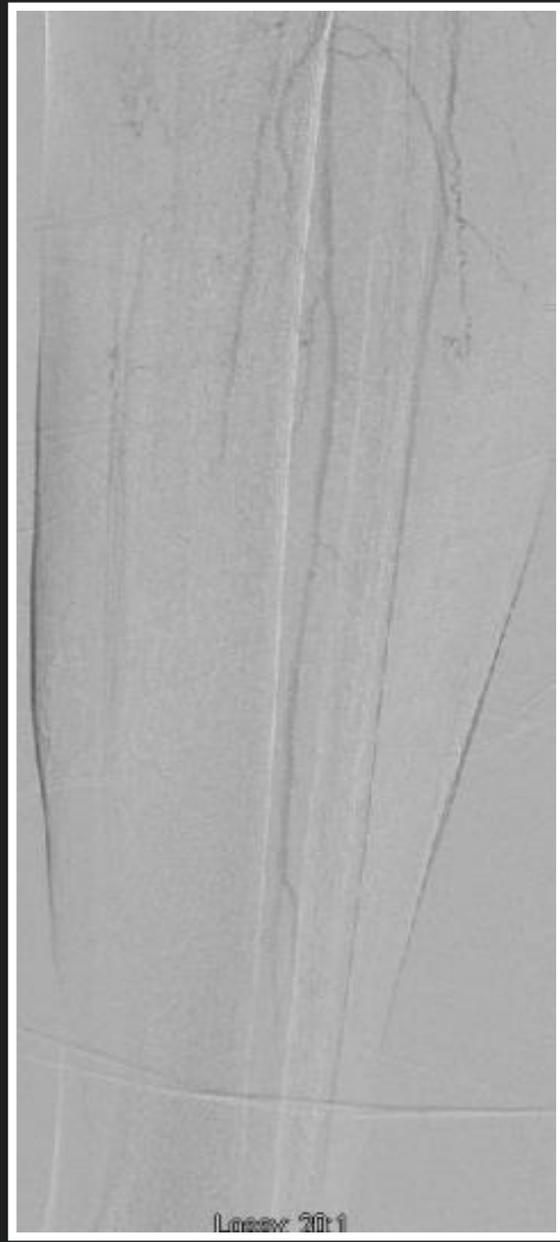
Left Leg

# Vascular Calcification



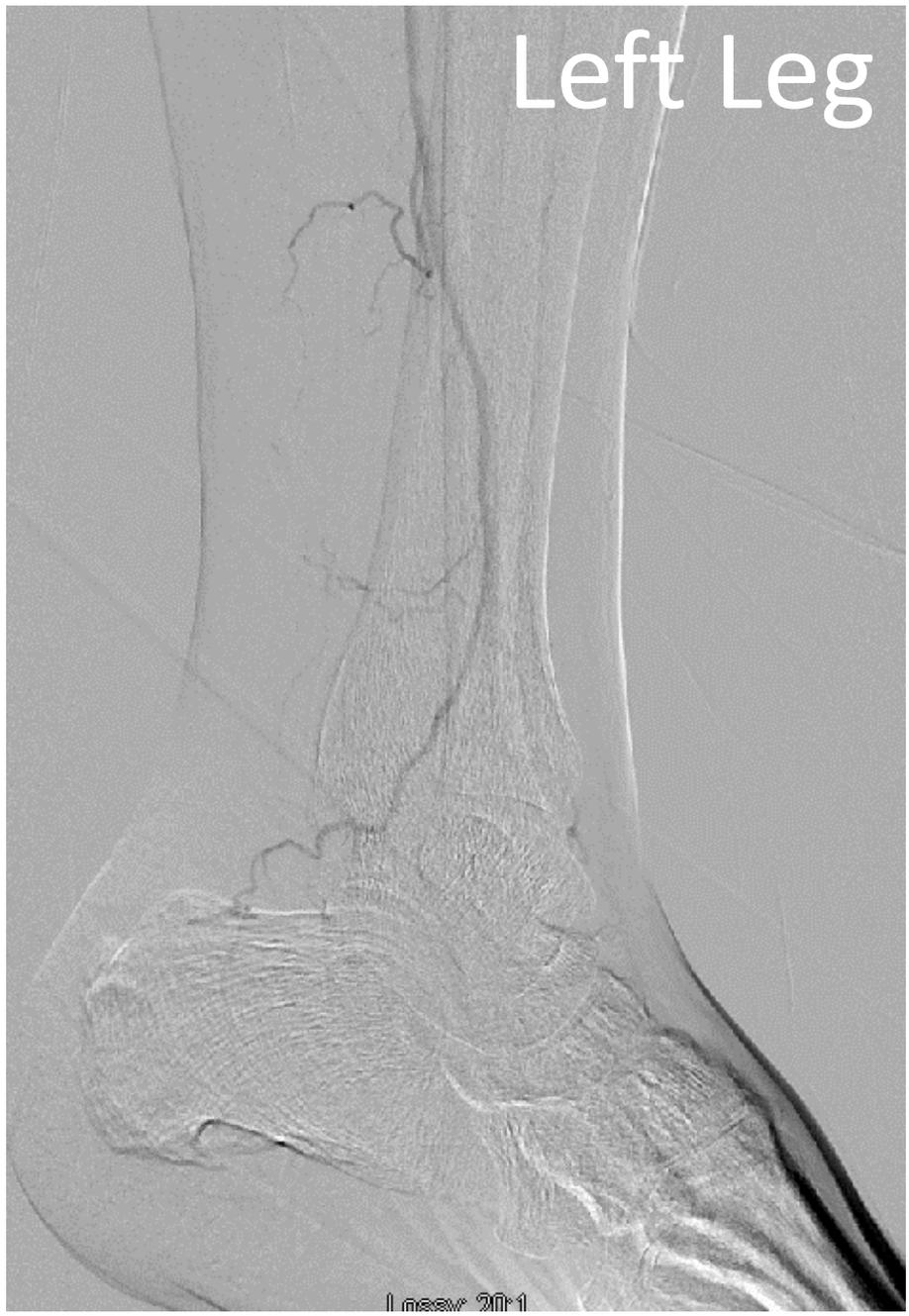


← *Peroneal artery*



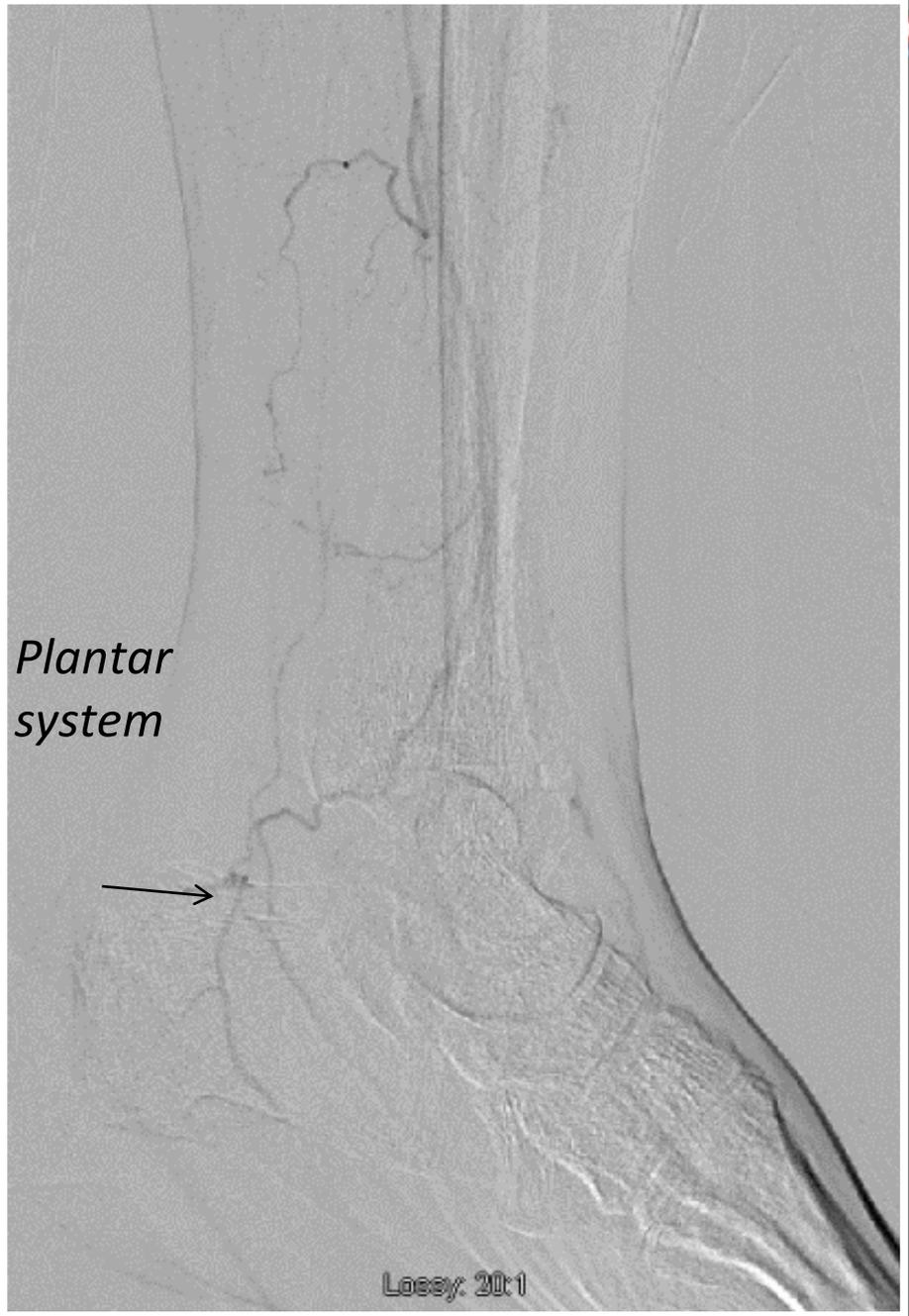
Left Leg

# Left Leg



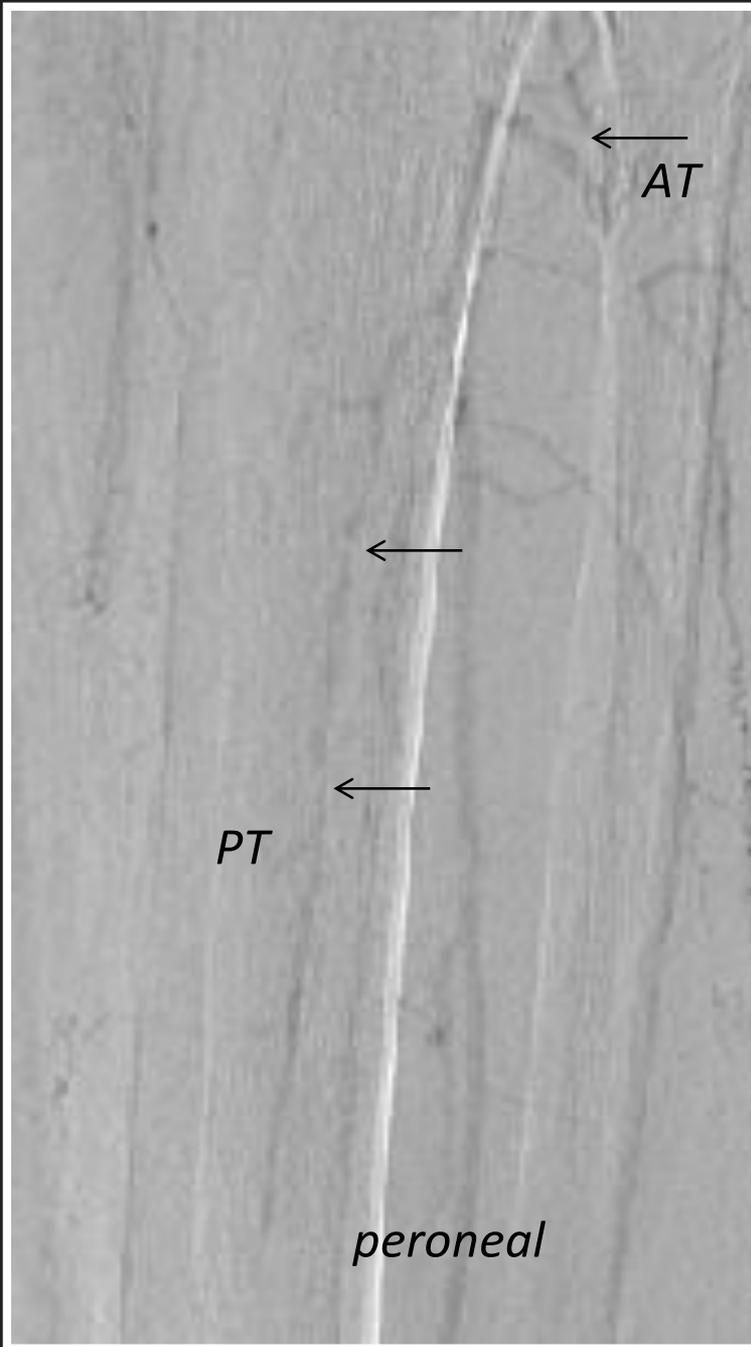
Lossy: 20:1

## *Plantar system*



Lossy: 20:1

# Left Leg Chronic Occlusive Disease

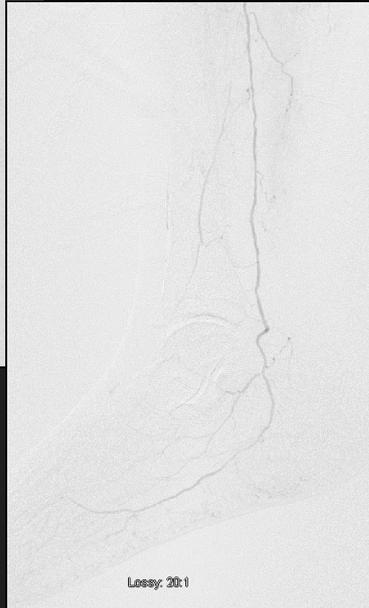


# 82-Year-Old Woman Arrives at Emergency Department

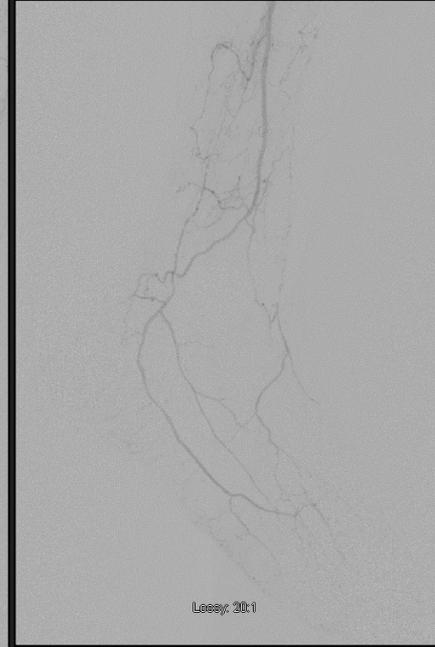
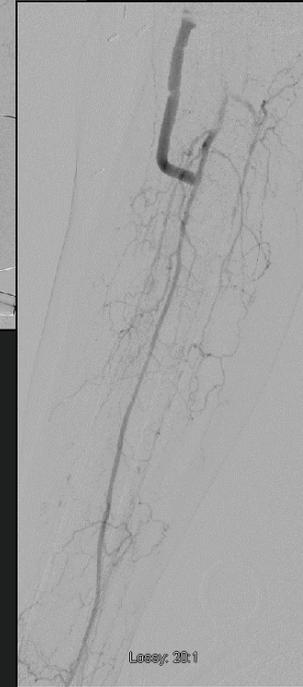
- What to do?
  - Lysis
    - Mechanical, pharmacological, both
  - Thrombectomy
  - Bypass
  - Hybrid of techniques
  - One leg at a time or both?

*Worst of all possibilities:  
acute on chronic, dead tissue, bilateral*

# Bilateral Bypass With Popliteal Thrombectomy



*Right  
AK pop-PT*



*Left  
AK pop-peroneal*

# 82-Year-Old Woman with Bilateral Acute and Chronic Ischemia

- Bilateral bypass
- Why not lysis?
  - >80, neurological compromise, tissue loss, elevated CK, new onset a-fib with recurrent embolization, bilateral, diseased runoff unlikely to result in clearance and will likely result in delay in revascularization

*6 hours post-op:*

*Warm feet, CK levels down, moving  
both feet*

*Back on heparin*



82-Year-Old Woman with  
Bilateral Acute and Chronic  
Ischemia

*3 months later*

