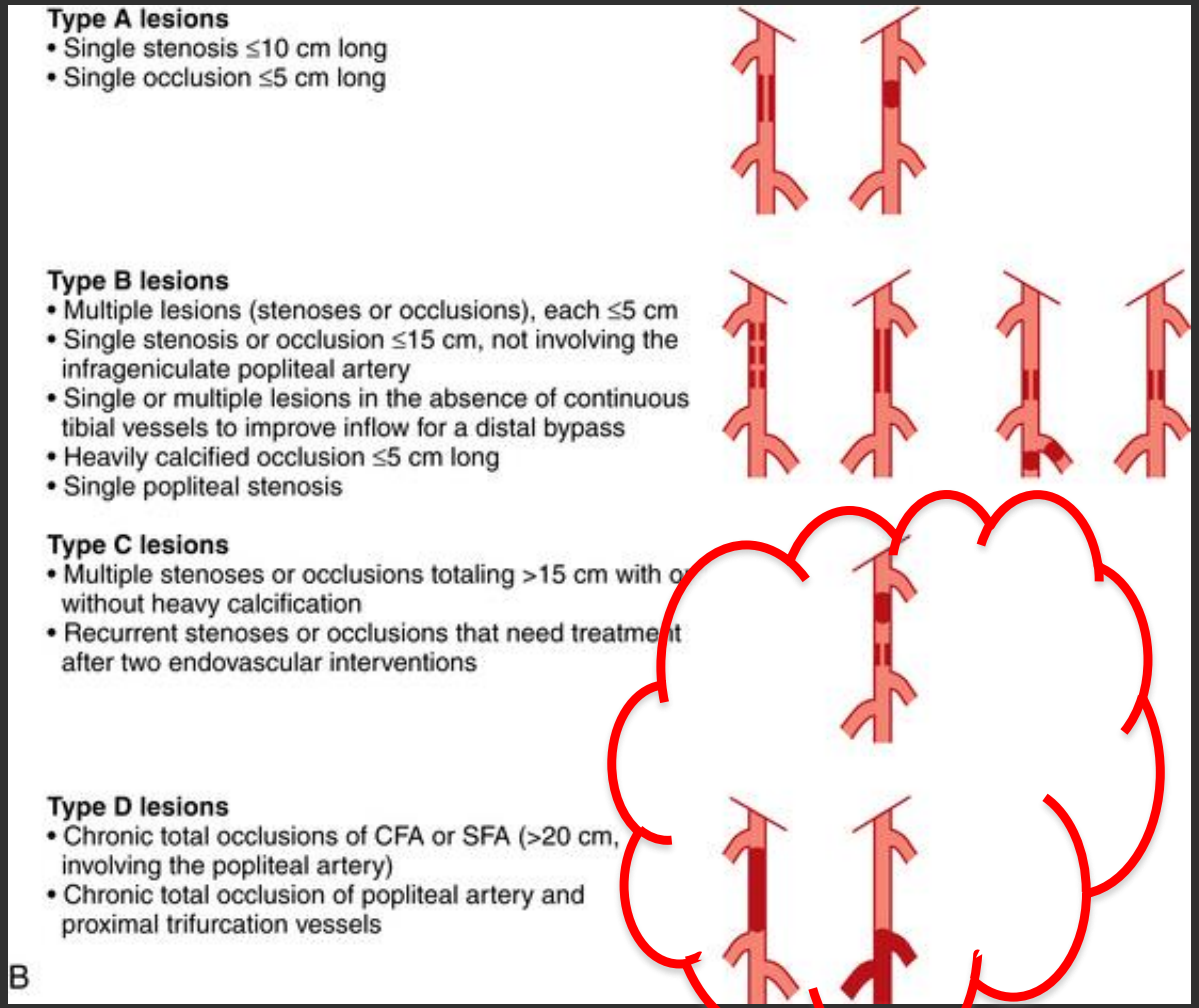
Long FP lesions with DES « Real World »

Gilles GOYAULT MD, MSc
Clinique de l'Orangerie
Strasbourg - FRANCE

Long FP lesions



Long FP lesions

- Technically challenging
  - Intra luminal vs sub intimal
  - Retrograde approach
  - SAFARI – reentry device…
  - Heavy calcified
- Clinically challenging
  - TLR – primary patency
  - Restenosis
  - Limb salvage
  - Comorbidities

Long FP lesions

- Evergrowing EV field of improvement
- Indications become wider
- EV specialists are looking for the best approach :
  - Leaving nothing behind
  - Laser
  - Directional atherectomy
  - DES, interwoven stents
  - …

End of fem-pop bypass?

EV treatment 1st intention?

EBM…and DET

- Promising results in TASC A/B lesions (Zilver PTX, Majestic, Pacifier, Levant, IN.PACT SFA)
- However, heterogeneous technology
  - Nitinol stent generation
  - Polymer
  - Drug type and concentration

EBM….for long FP lesions

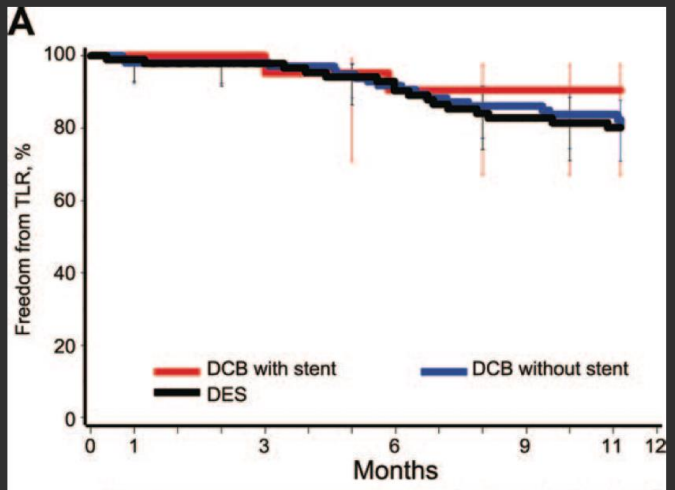
- Quite poor :

J Endovasc Ther. 2014 Jun;21(3):359-68. doi: 10.1583/13-4630MR.1.

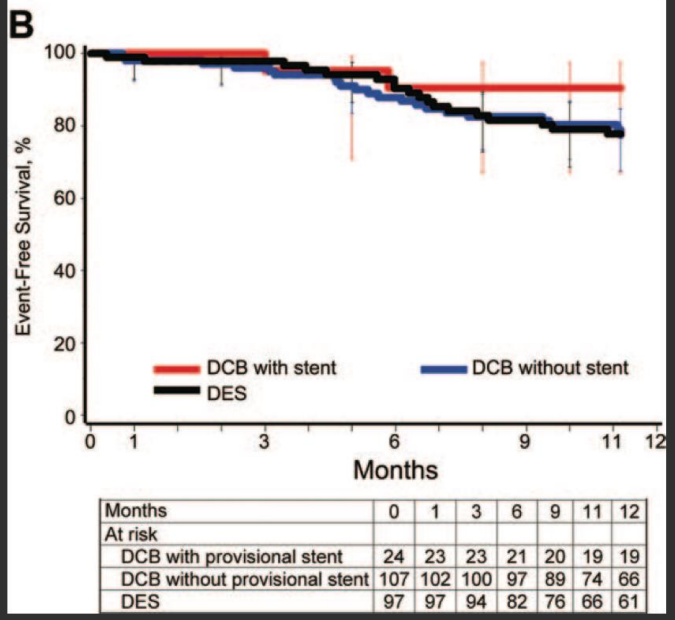
Drug-coated balloons vs. drug-eluting stents for treatment of long femoropopliteal lesions.

Zeller T[1], Rastan A, Macharzina R, Tepe G, Kaspar M, Chavarria J, Beschorner U, Schwarzwälder U, Schwarz T, Noory E.

- Retrospective dual center study
- Lesion lengths >10cm – mean LL 195mm
- 282 patients enrolled (177 DCB and 105 DES)



Months	0	1	3	6	9	11	12
At risk							
DCB with provisional stent	24	23	23	21	20	19	19
DCB without provisional stent	107	102	100	97	89	74	66
DES	97	97	94	82	76	66	61



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Similar restenosis and TLR rates

DCB ± provisional BMS ≥ DES

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EBM…for long FP lesions

- Results confirmed

JACC Cardiovasc Interv. 2016 Apr 11;9(7):715-24. doi: 10.1016/j.jcin.2015.12.267.

Drug-Coated Balloons for Complex Femoropopliteal Lesions: 2-Year Results of a Real-World Registry.

Schmidt A[1], Piorkowski M[2], Görner H[3], Steiner S[3], Bausback Y[3], Scheinert S[3], Banning-Eichenseer U[3], Staab H[4], Branzan D[4], Varcoe RL[5], Scheinert D[3].

Restenosis delayed, not prevented…

JACC Cardiovasc Interv. 2016 May 9;9(9):950-6. doi: 10.1016/j.jcin.2016.02.014.

1-Year Results of Paclitaxel-Coated Balloons for Long Femoropopliteal Artery Disease: Evidence From the SFA-Long Study.

Micari A[1], Vadalà G[2], Castriota F[3], Liso A[4], Grattoni C[3], Russo P[5], Marchese A[6], Pantaleo P[7], Roscitano G[2], Cesana BM[8], Cremonesi A[3].

PP 83% with bail out stenting in 11%

EBM….

Eur J Vasc Endovasc Surg. 2015 Nov;50(5):631-7. doi: 10.1016/j.ejvs.2015.07.018. Epub 2015 Sep 2.

Treatment of TASC C and D Femoropoliteal Lesions with Paclitaxel eluting Stents: 12 month Results of the STELLA-PTX Registry.

Davaine JM[1], Querat J[2], Kaladji A[2], Guyomarch B[3], Chaillou P[2], Costargent A[2], Quillard T[4], Gouëffic Y[5].

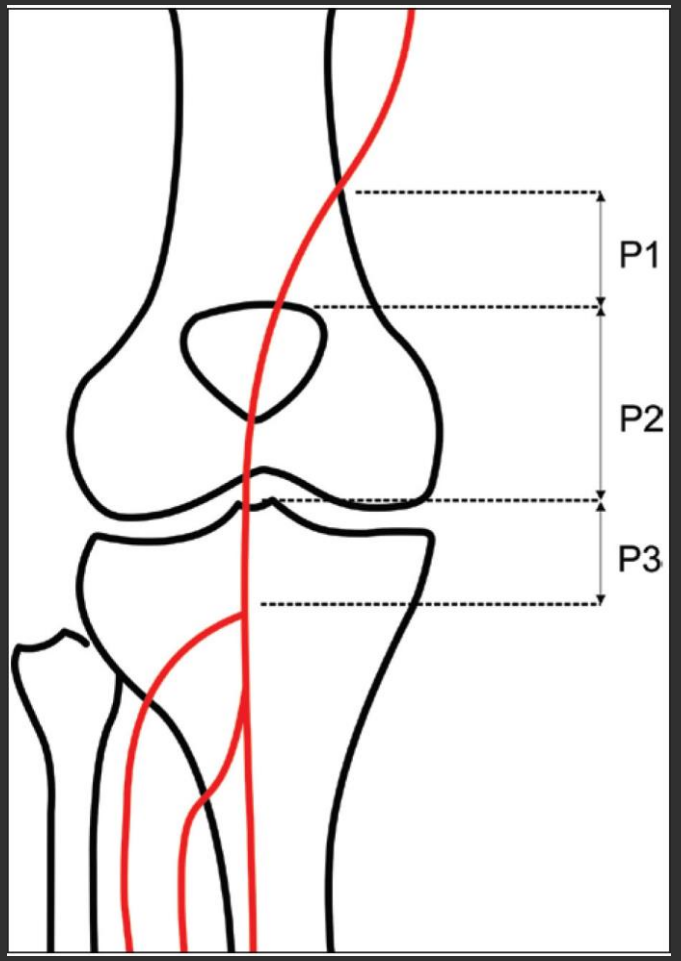
- Prospective single center registry

- 45 patients enrolled

- 1Y PP rate 53% and SP rate 80%

DES toolbox

- Self expandable :
  - Zilver PTX (Cook Medical)
  - Eluvia (Boston Scientific)
- Balloon-expandable :
  - Promus premier BTK (Boston Scientific)
  - Xience prime BTK (Abbott Vascular)



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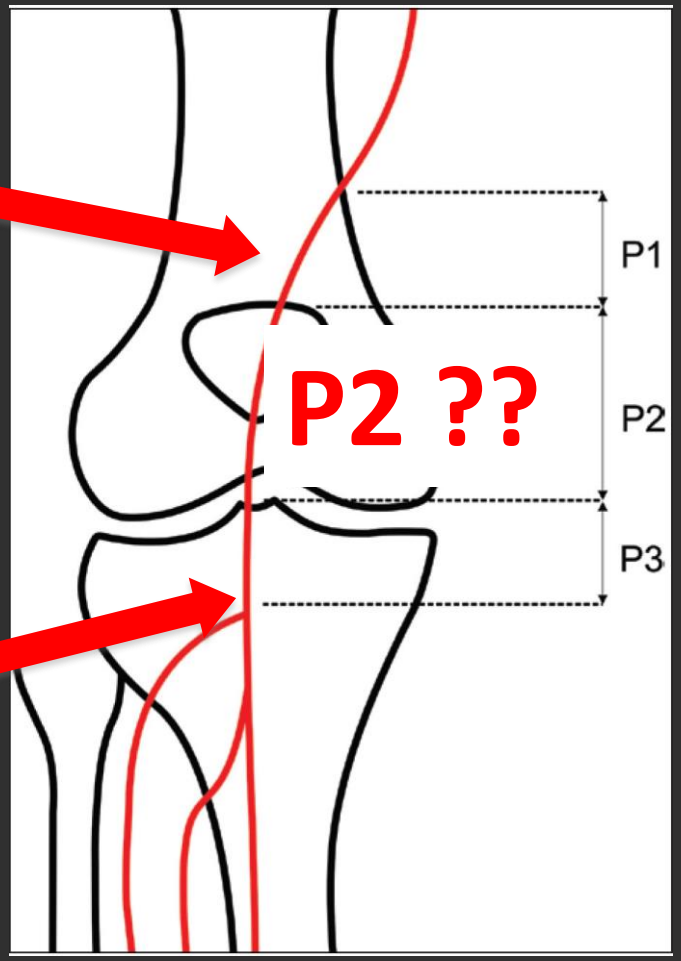
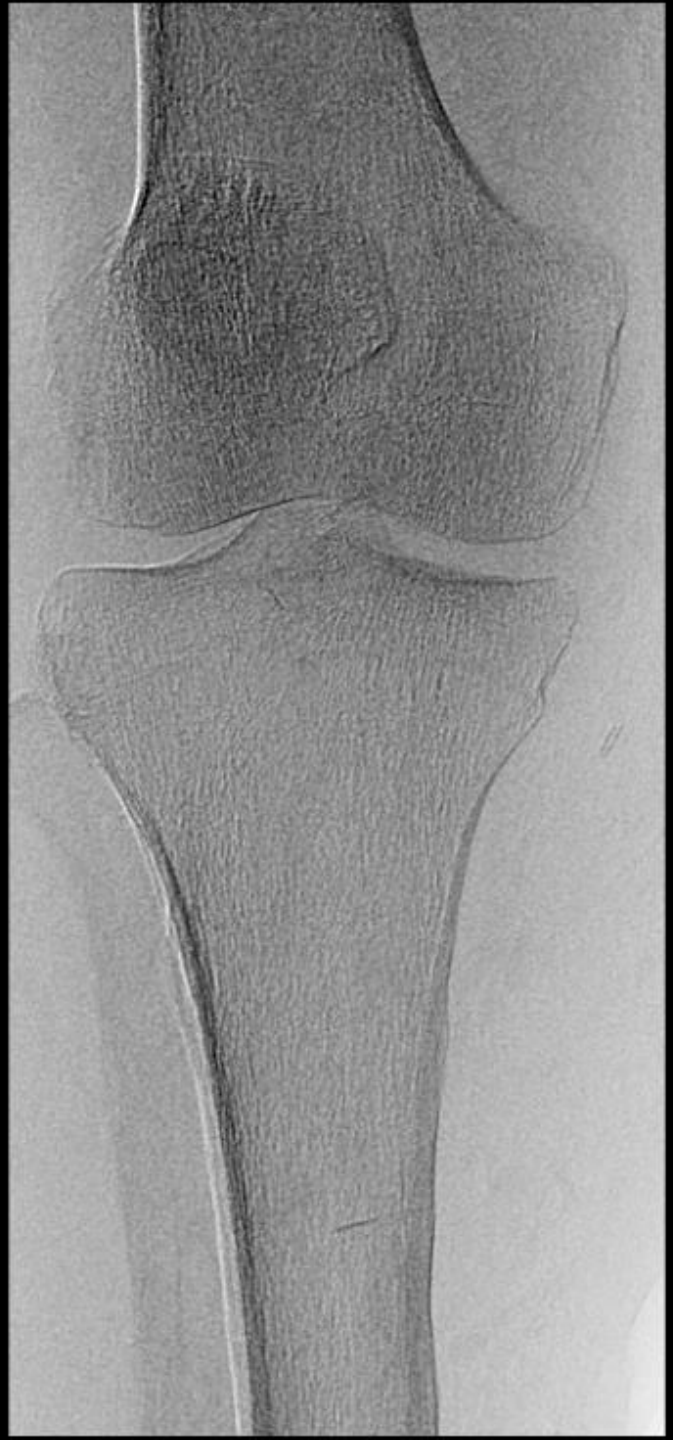


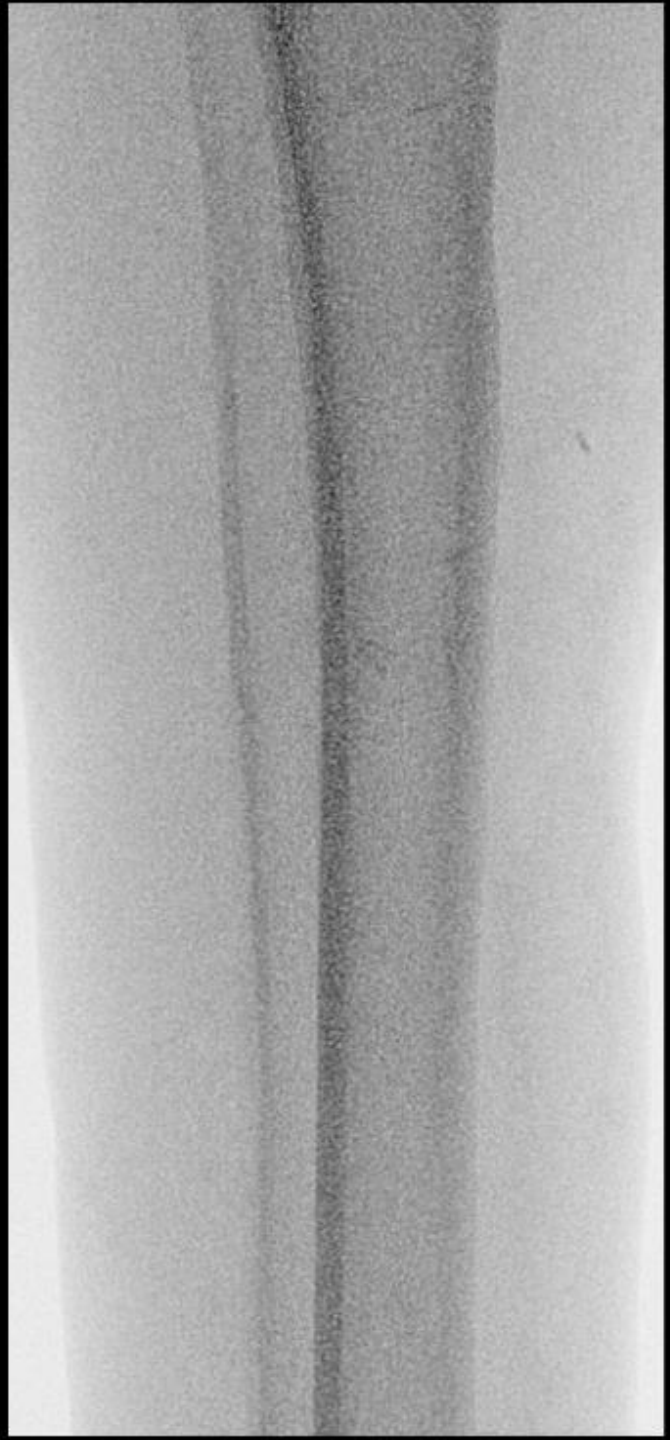
Real World!

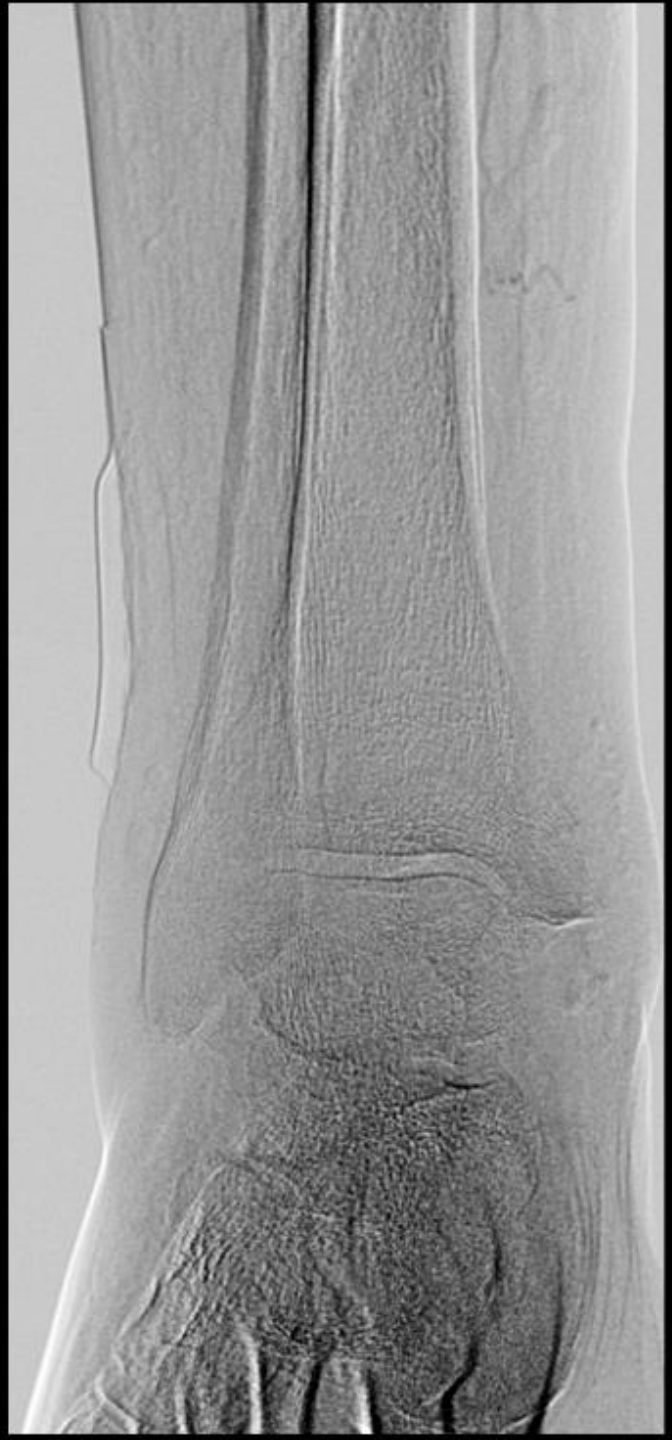
Ms K. Nicole, 61 yo

- History of calf sarcoma 20y ago
- Surgery – flap

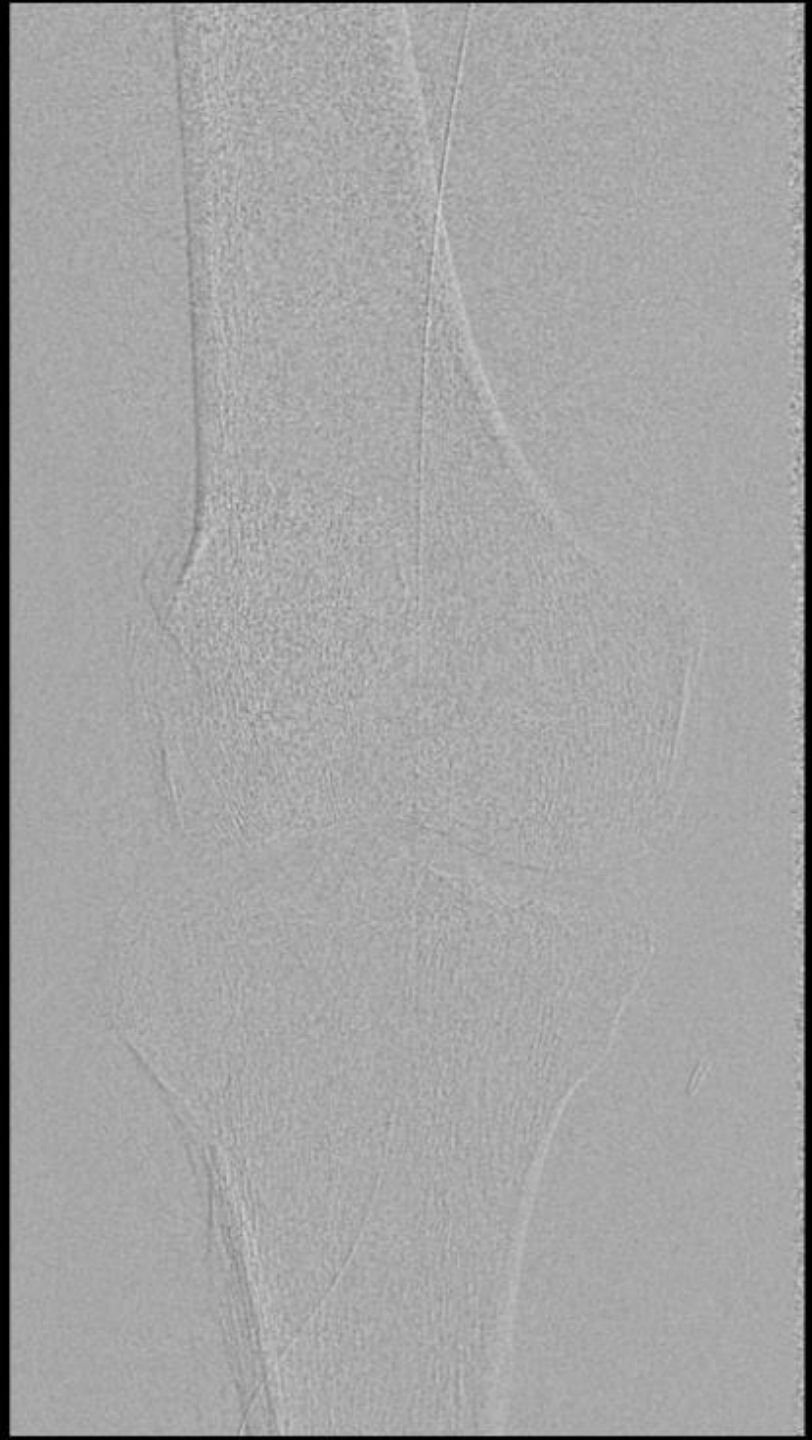
- Partial necrosis of the flap
- DUS : Popliteal occlusion and btk involvement
- DSA and angioplasty – 10/15

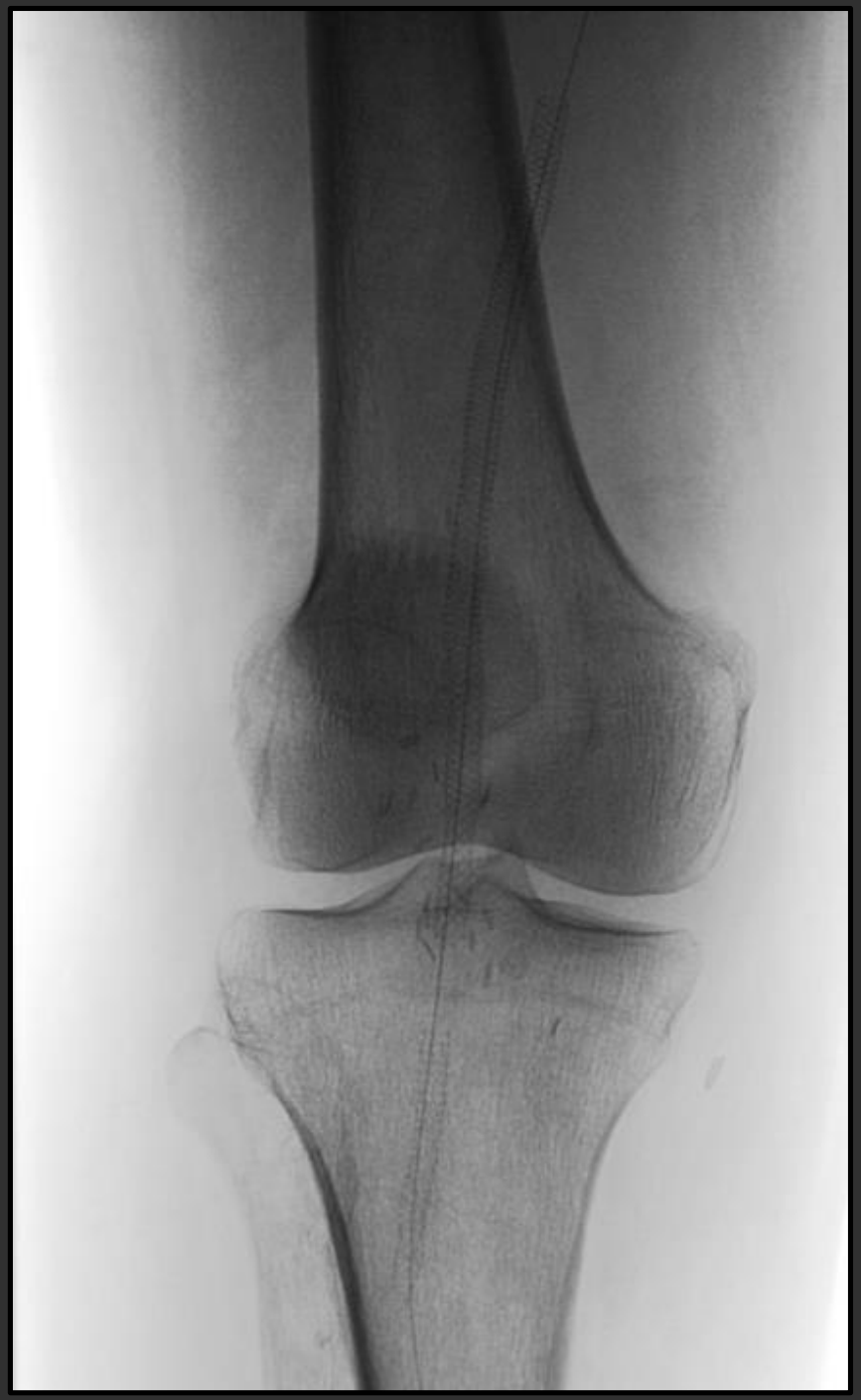






What would you do?





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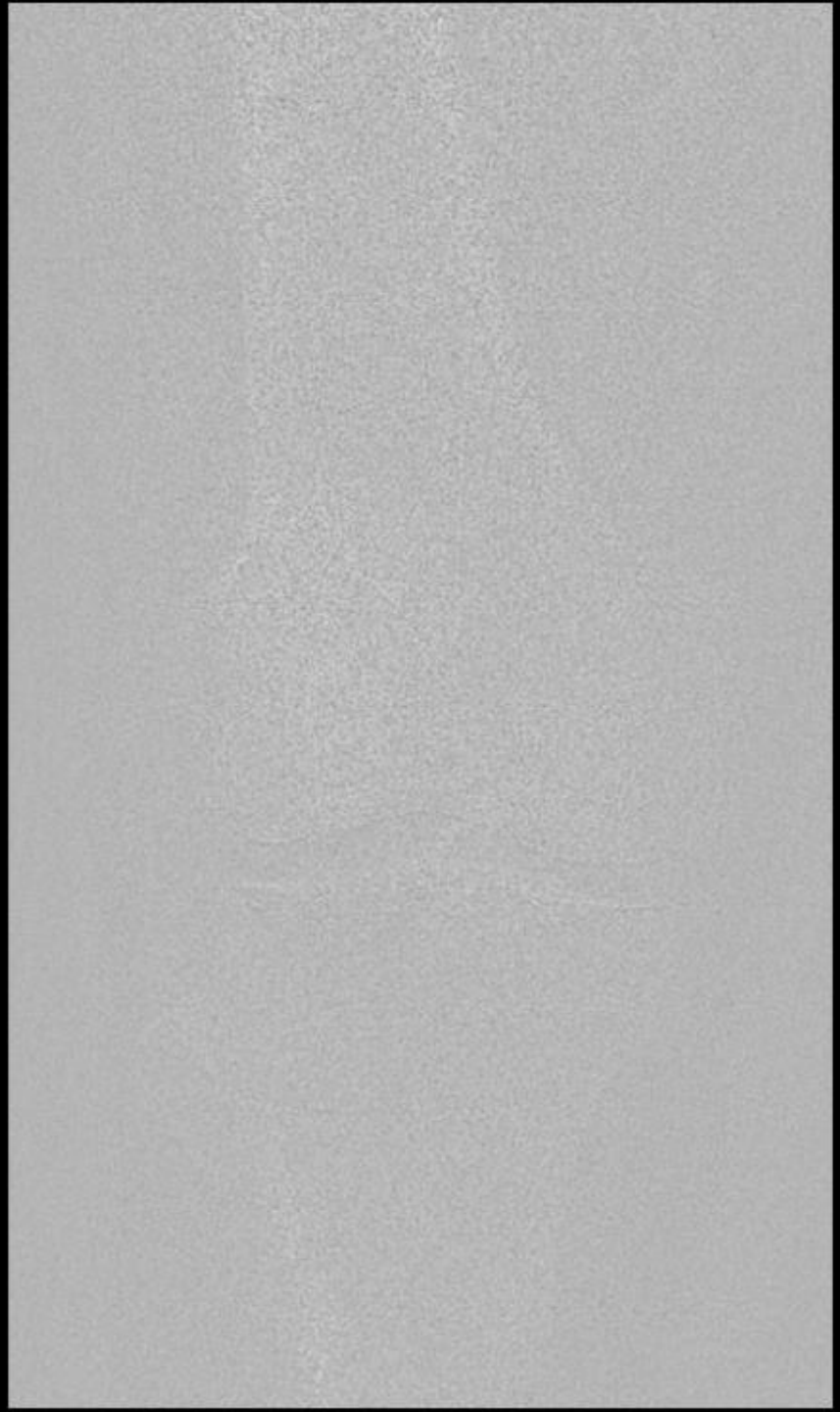
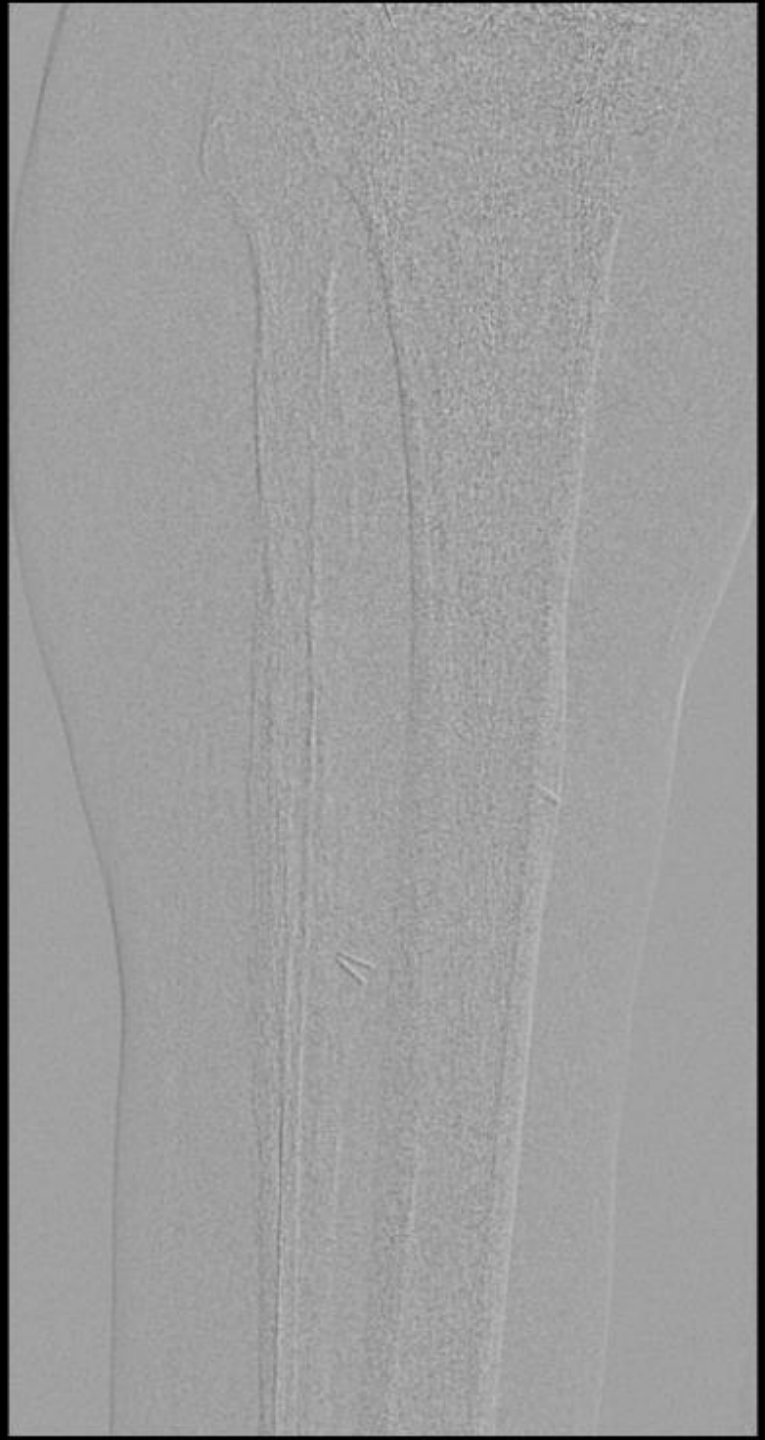
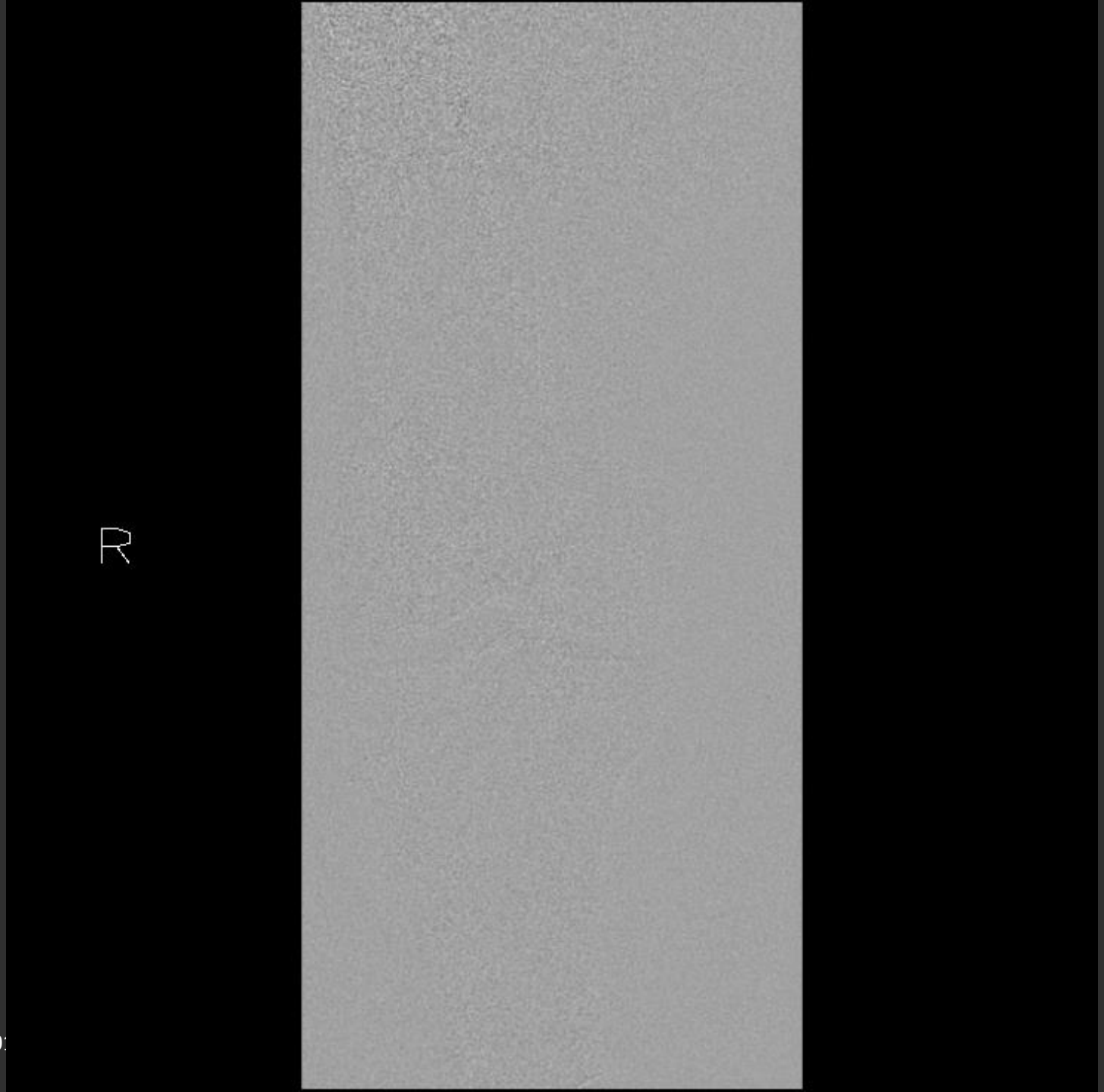




What about anti-platelet therapy?

6 months later…

Delayed healing of the flap…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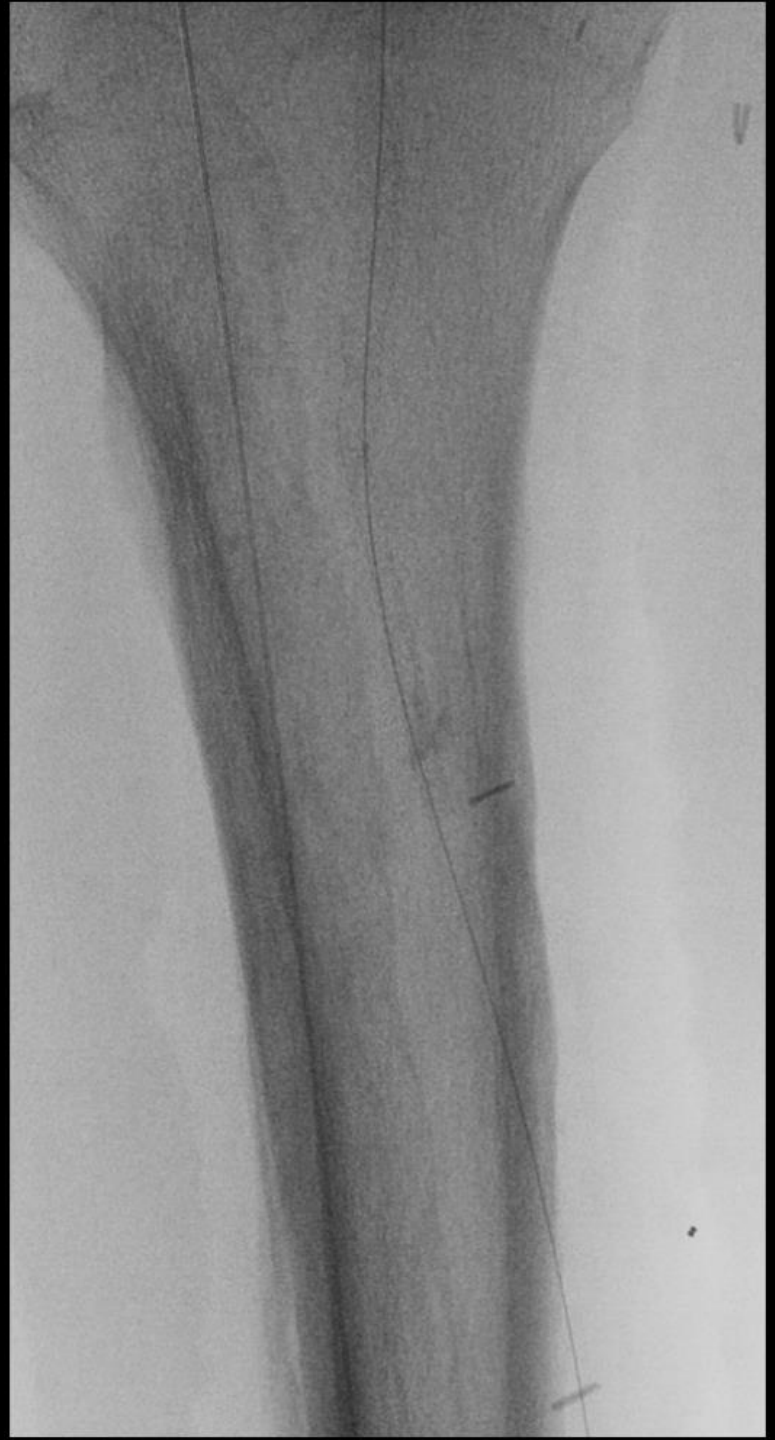

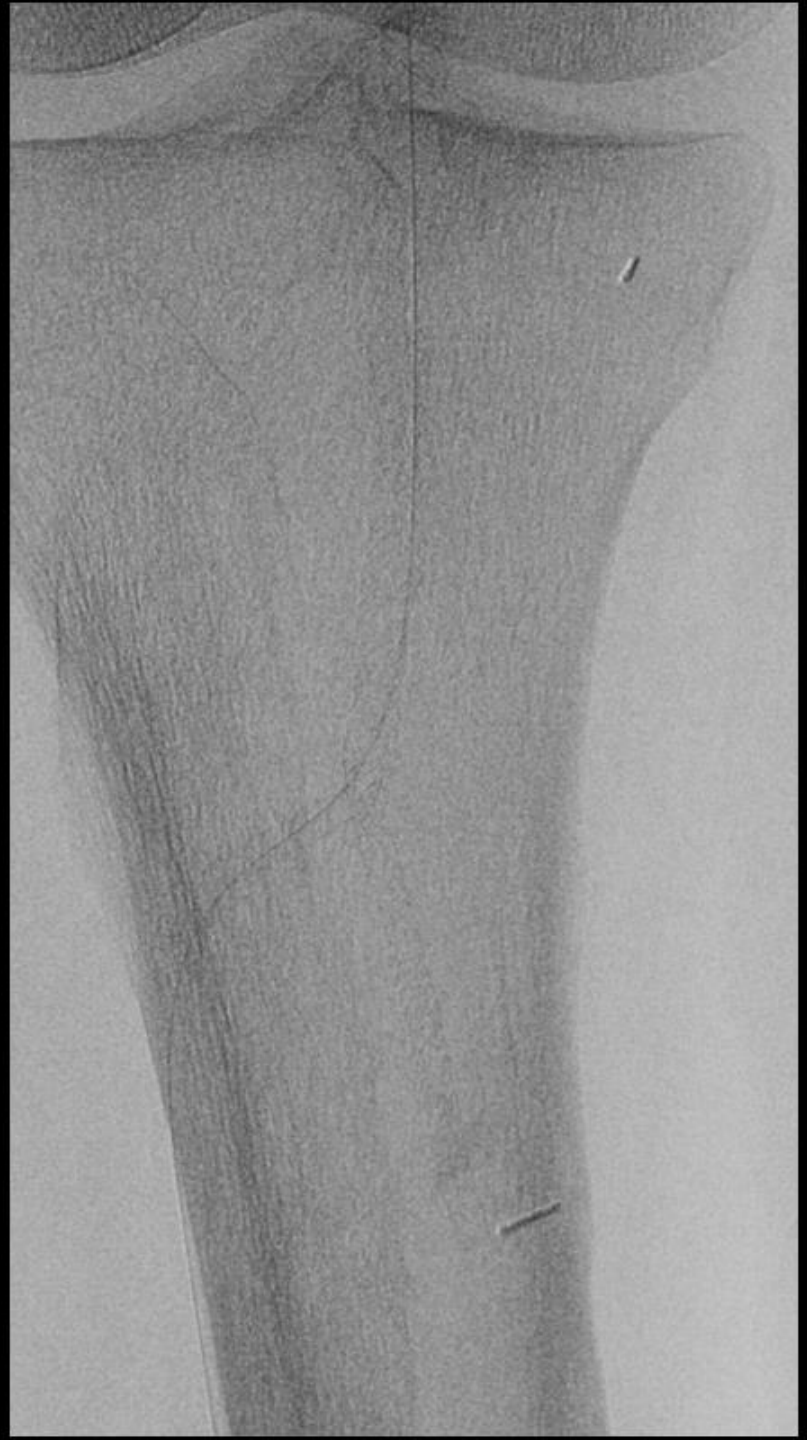

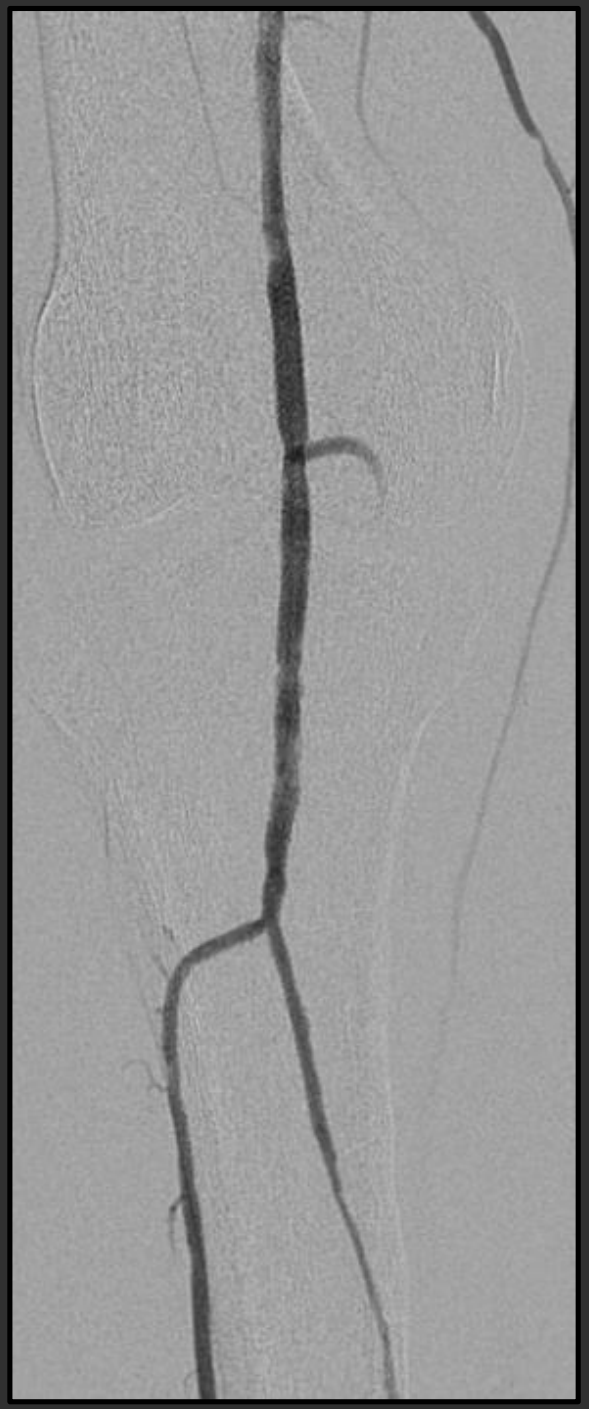

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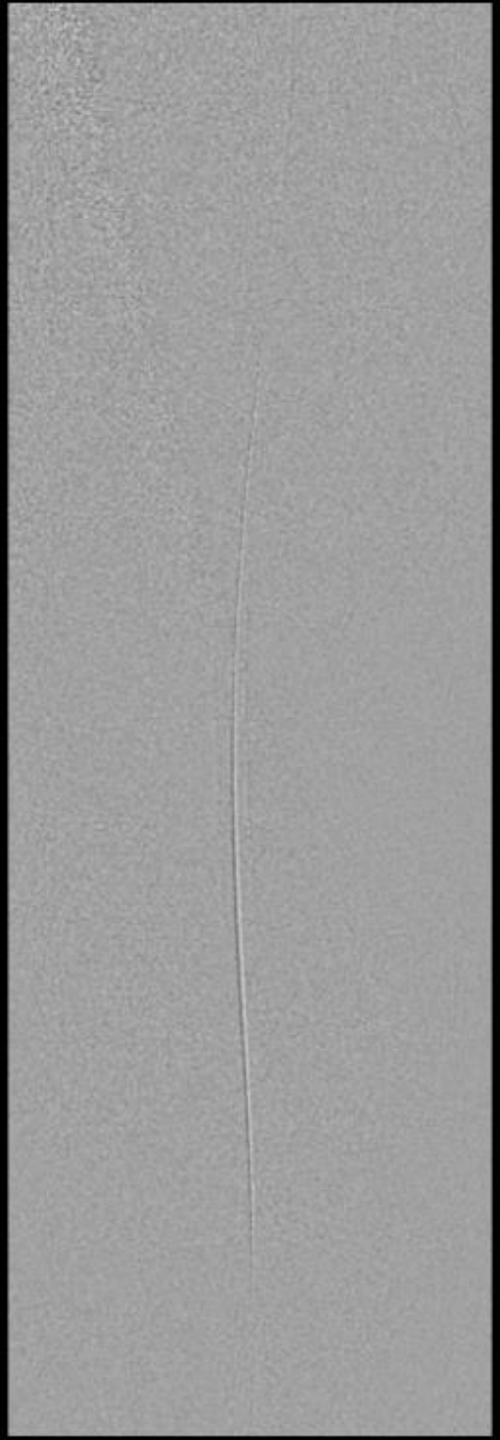
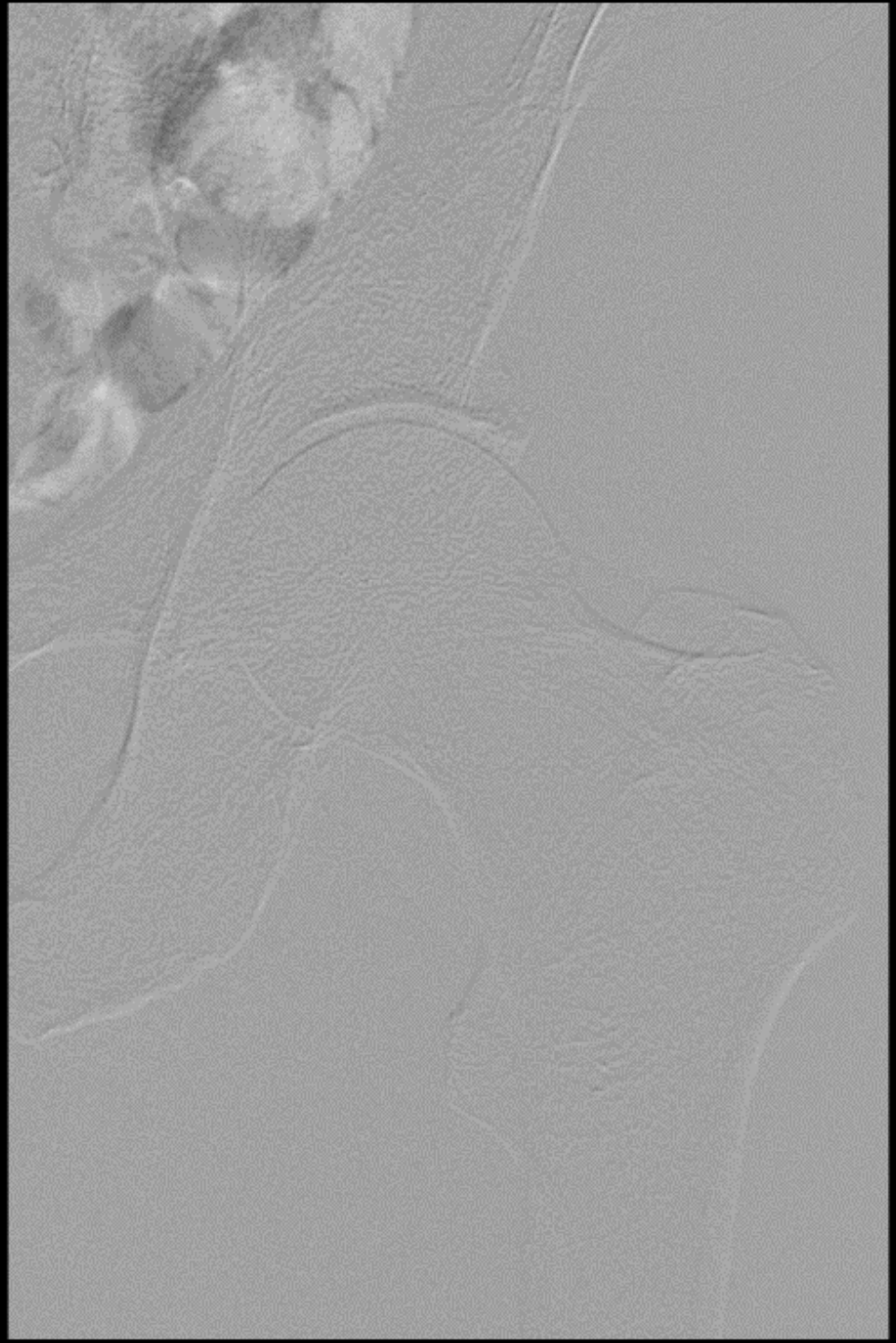
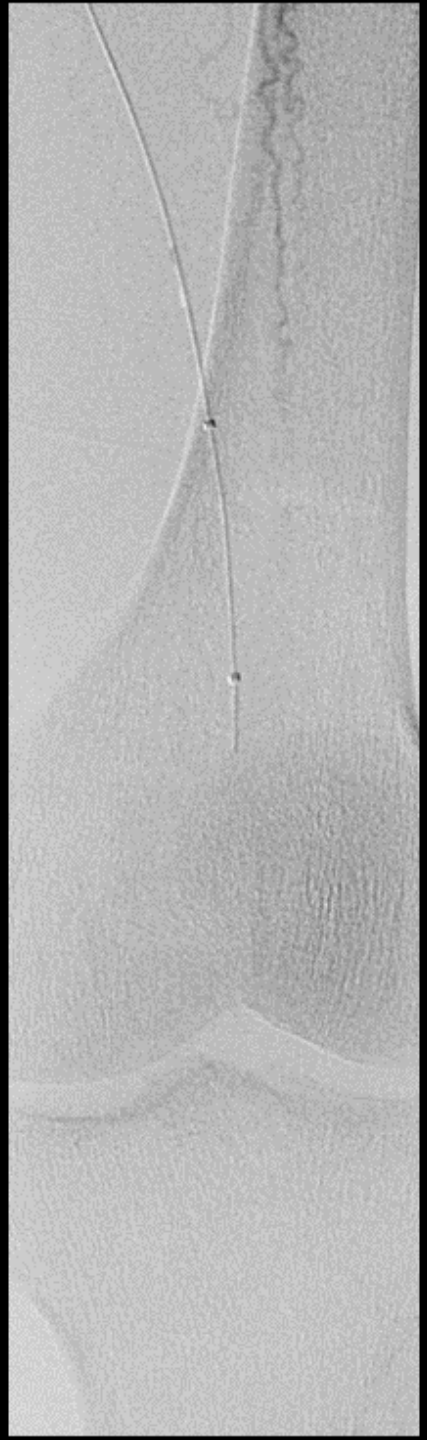


M. J Georges, 78yo

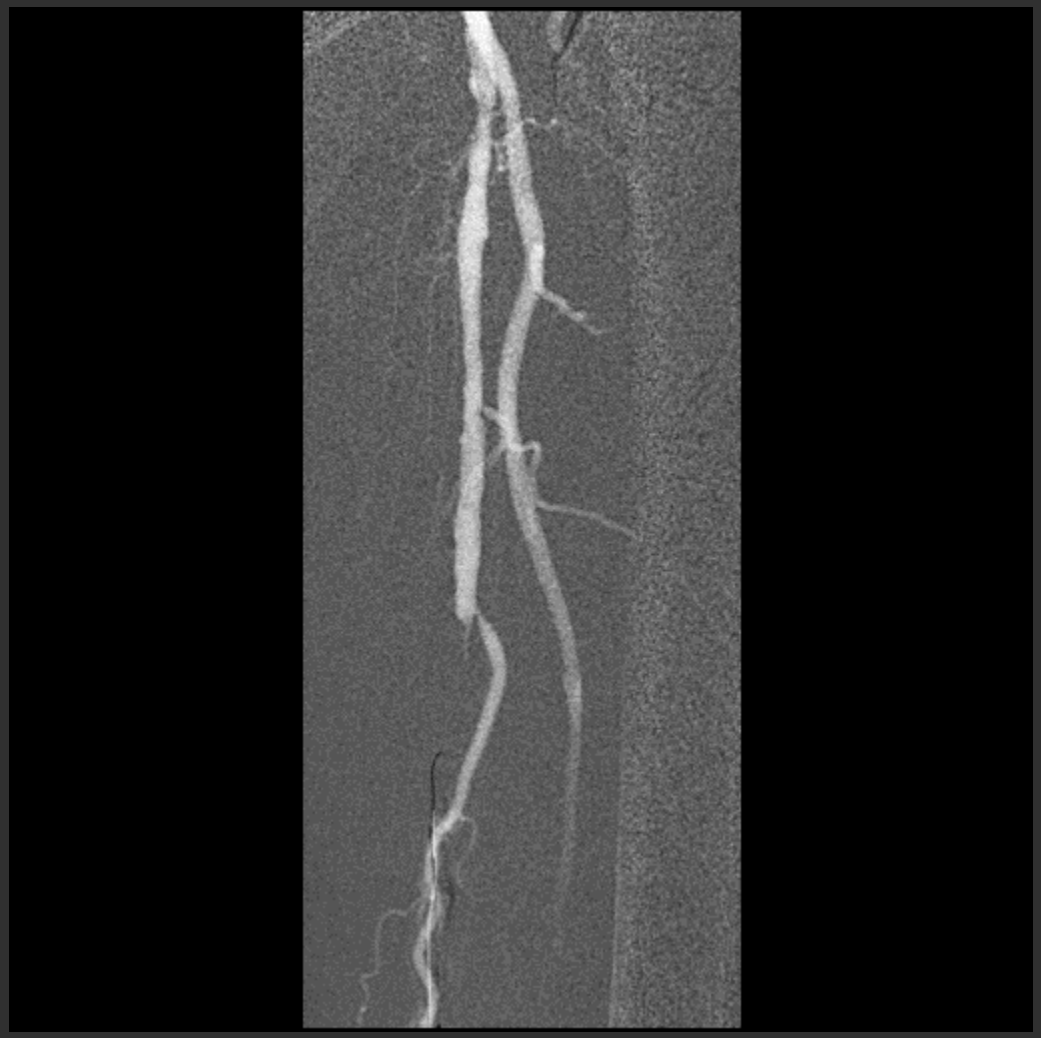
- History : severe left calf claudication
- CVRF : smoking, dyslipemia, HBP
- DUS : long FP occlusion
- Adressed for DSA and angioplasty

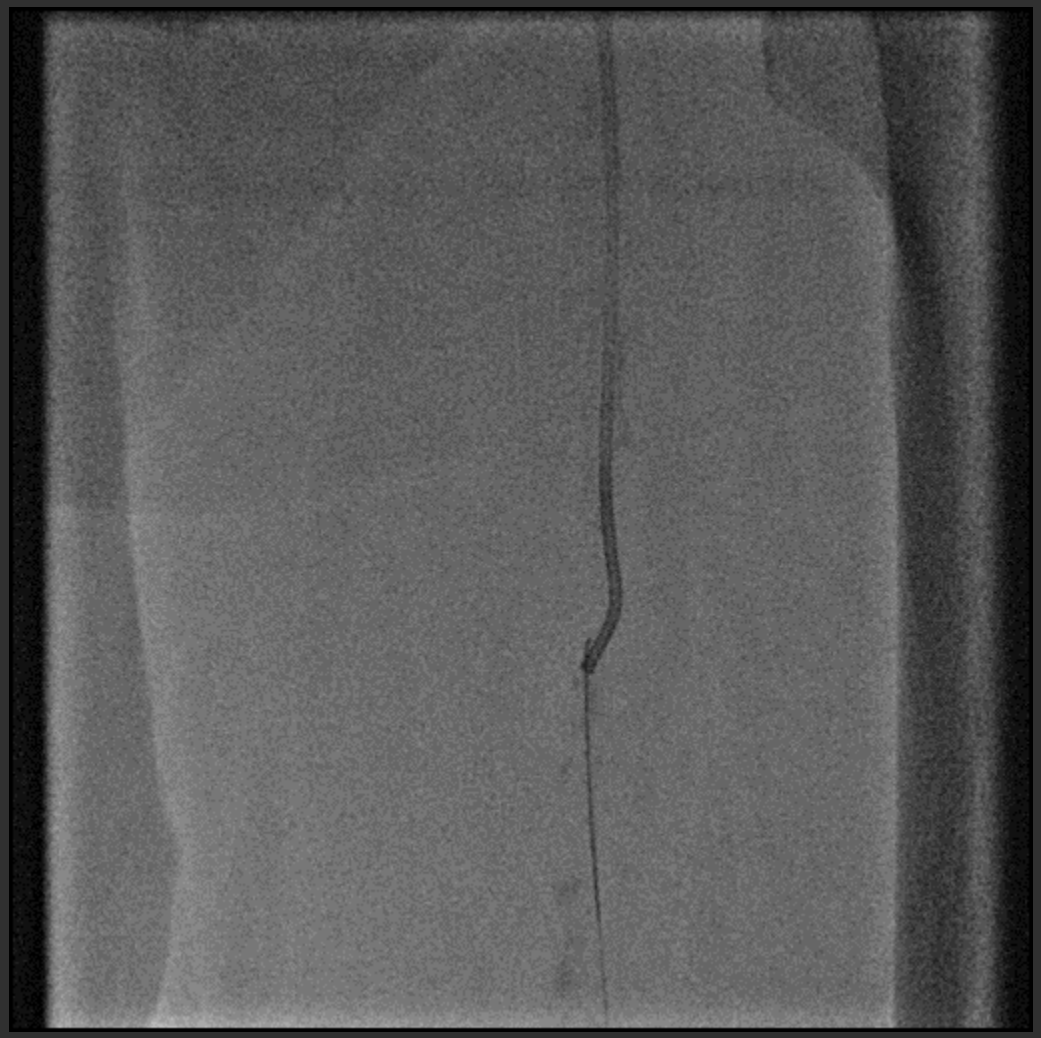


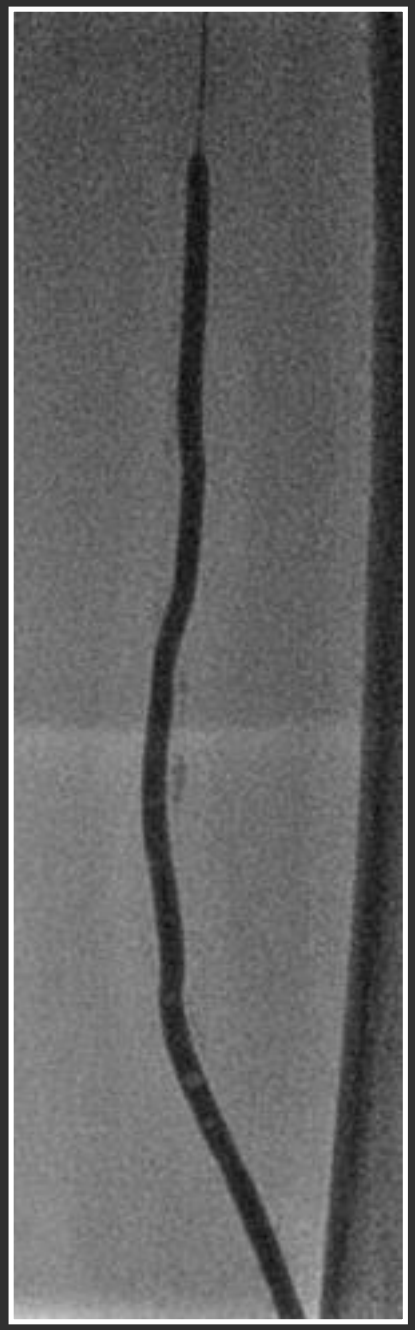


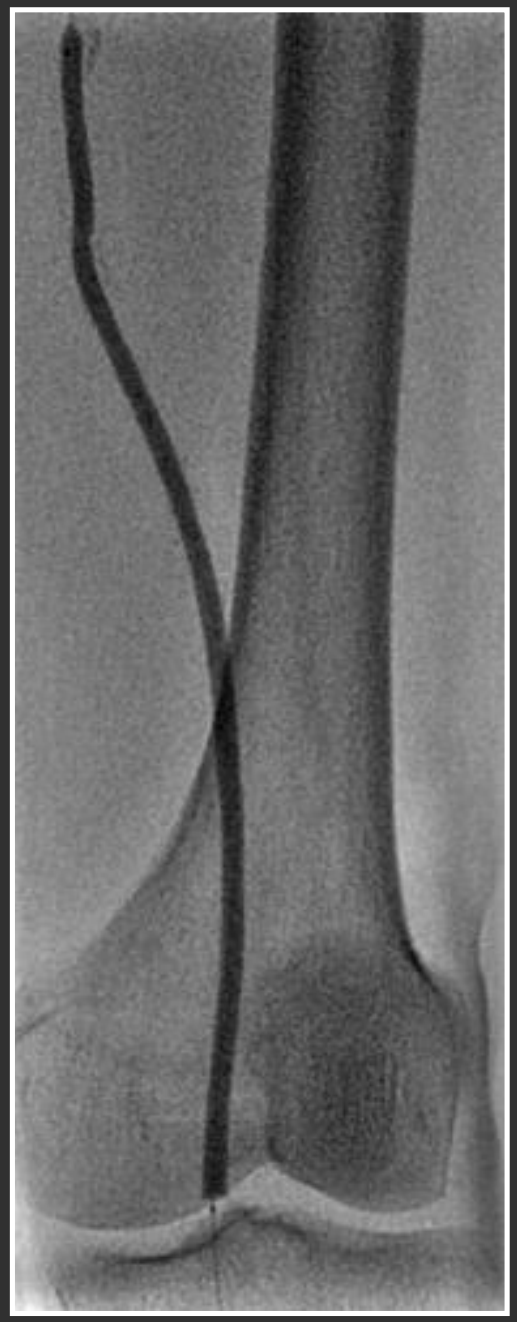
What would you do?

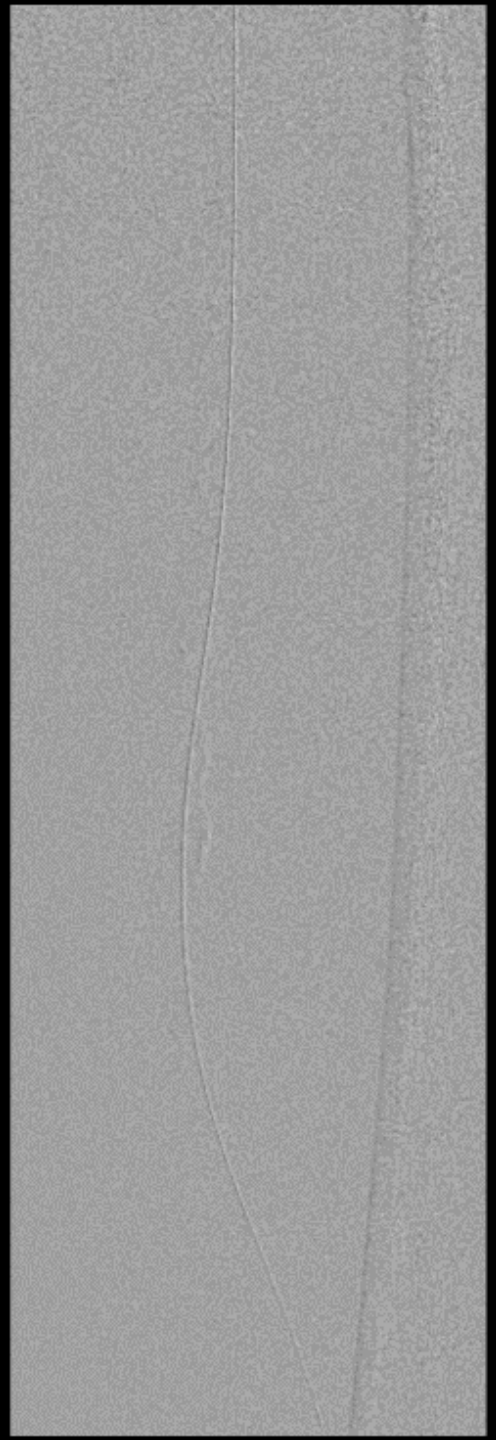
- Bypass?
- Re entry device?
- Retrograde approach?
- Nothing – should walk?

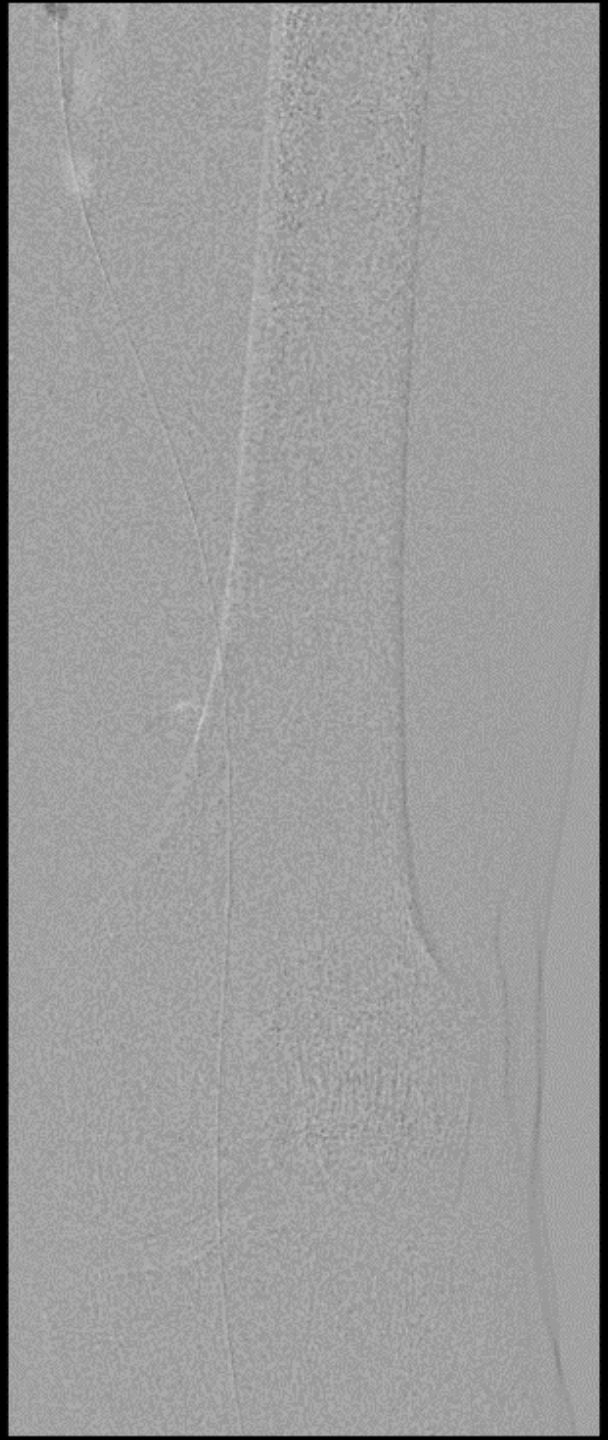


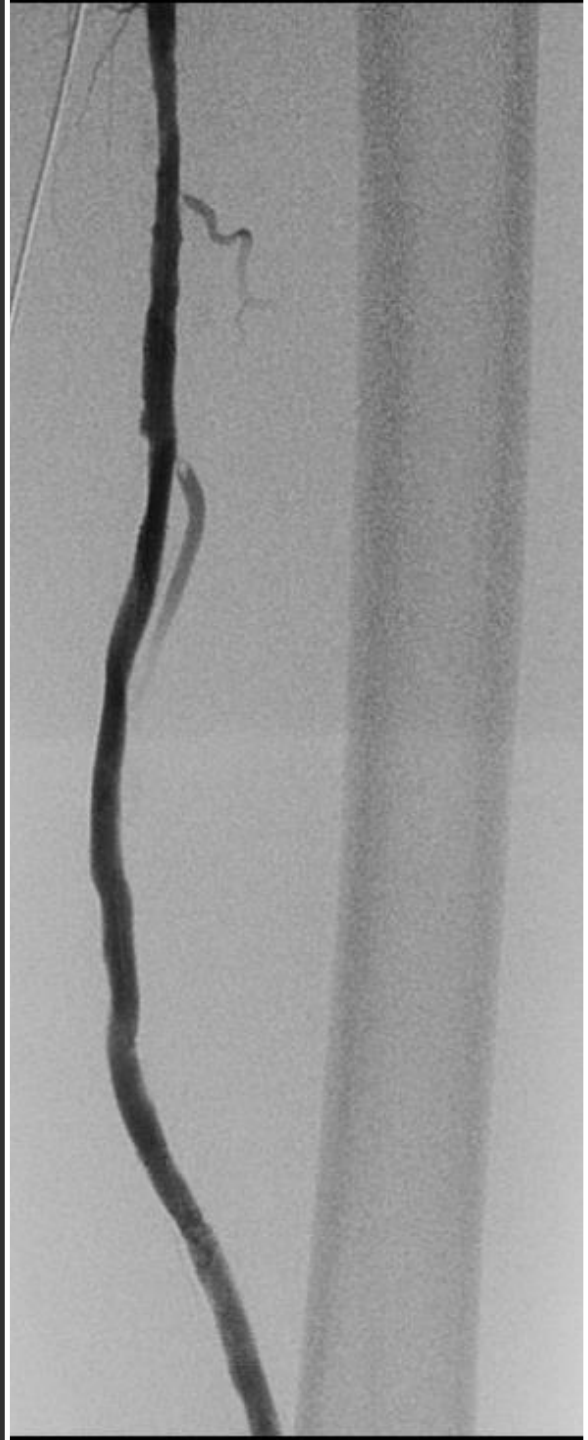


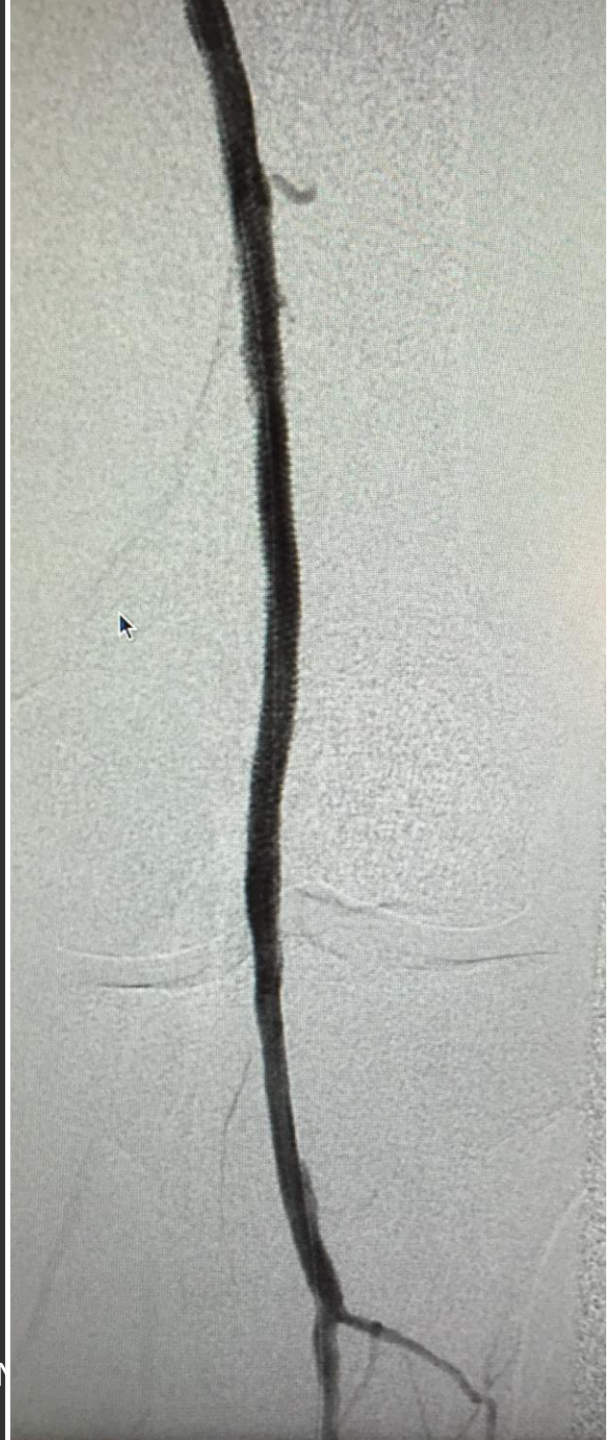


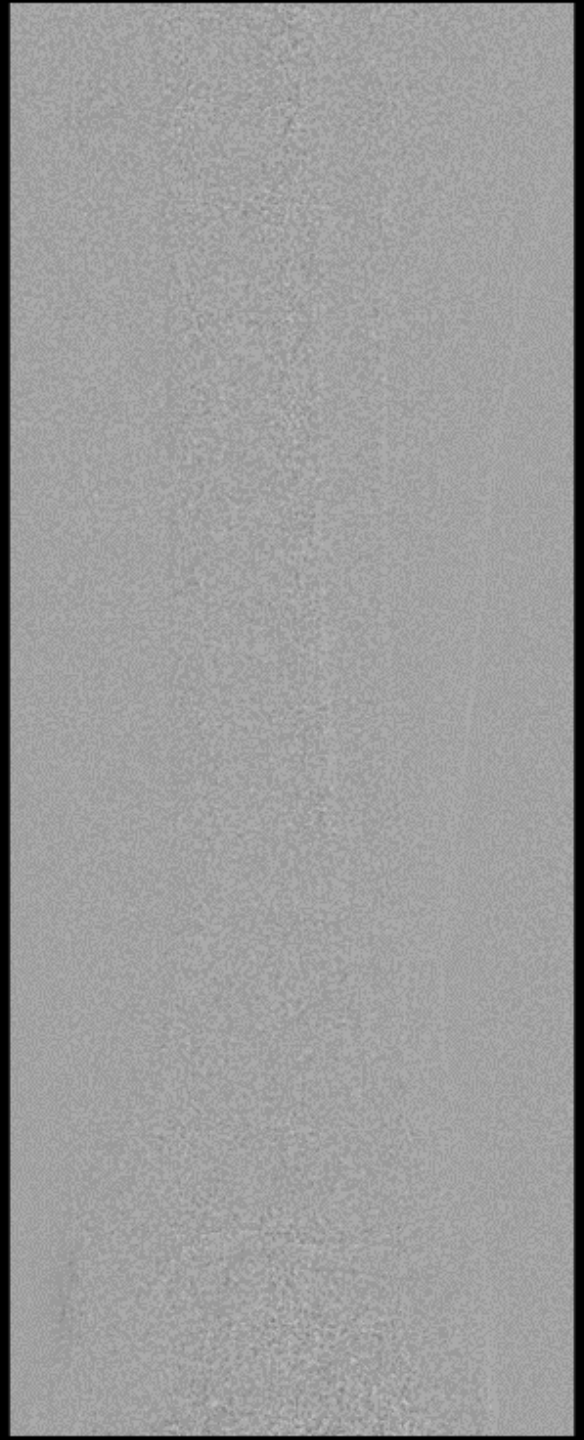






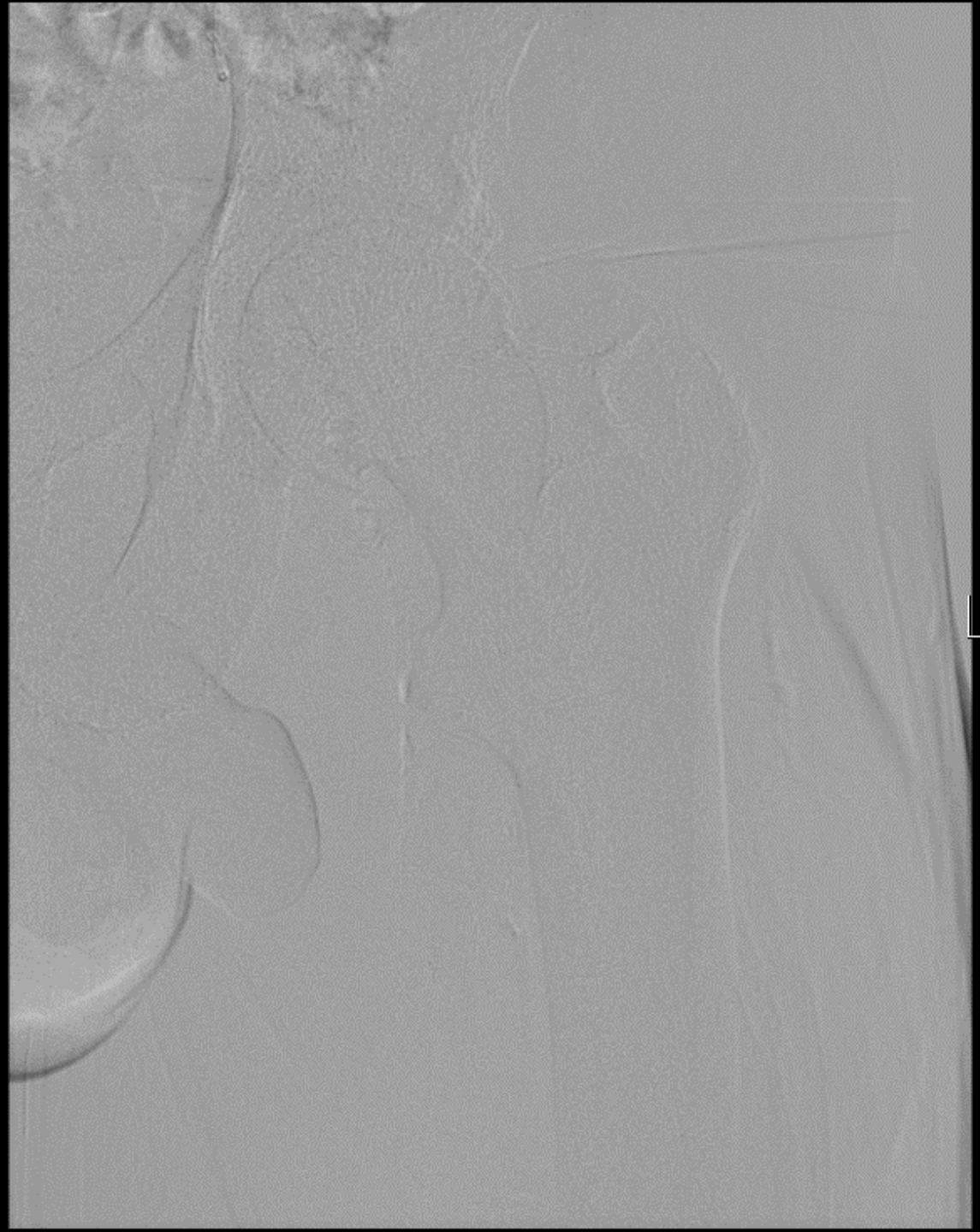






M. Belina V, 75 yo

- History : left calf claudication
- CKD in hemodialysis, diabetes, HBP
- DUS : SFA occlusion
- Adressed for DSA and angioplasty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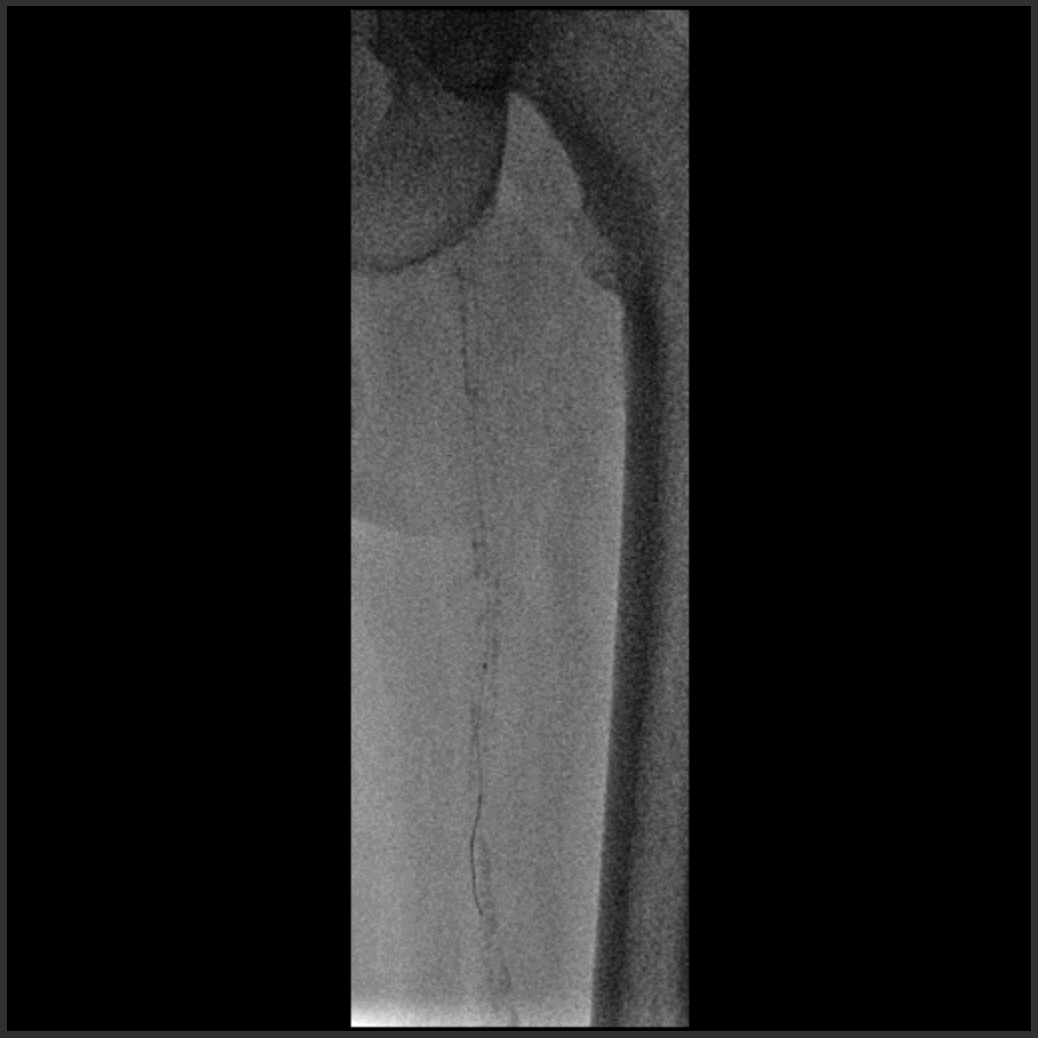

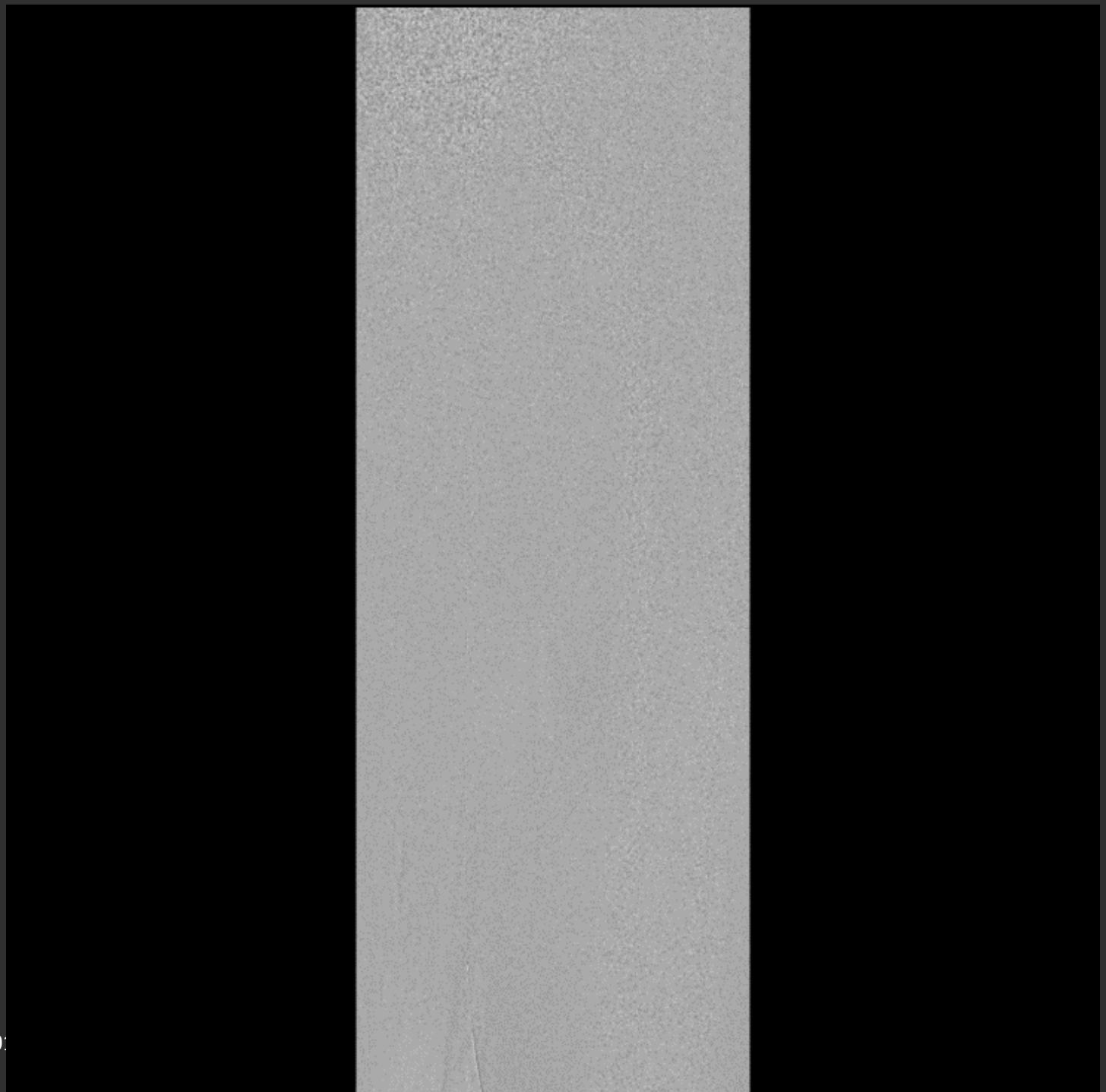

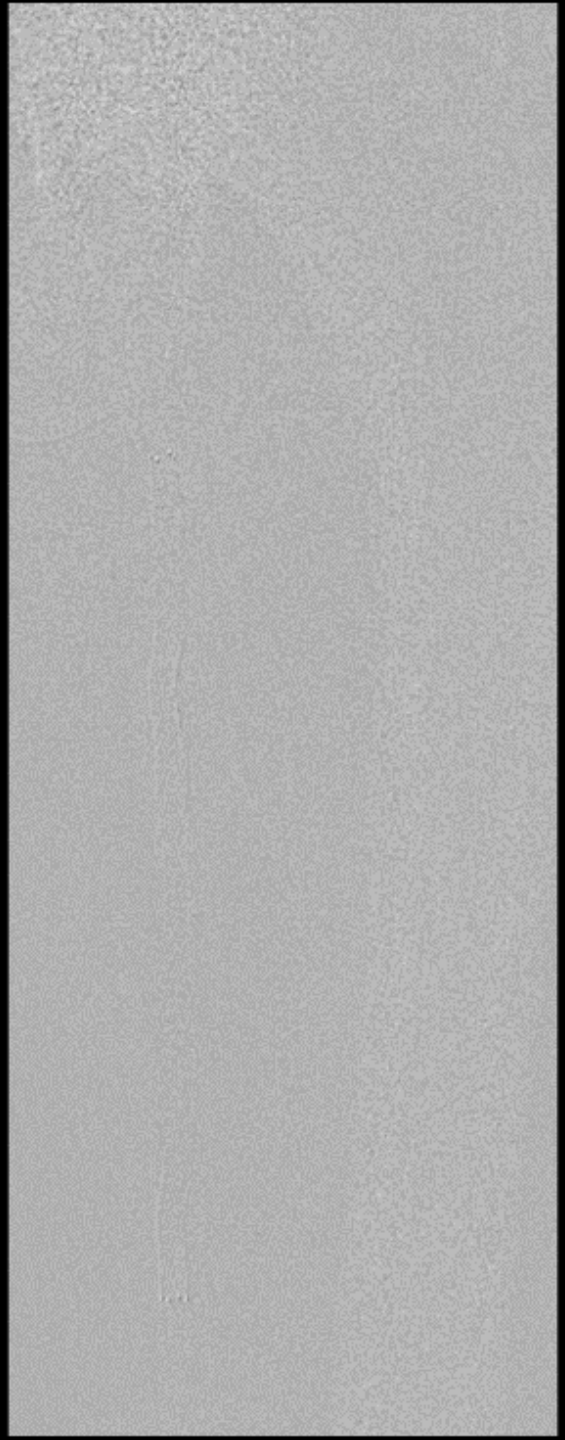

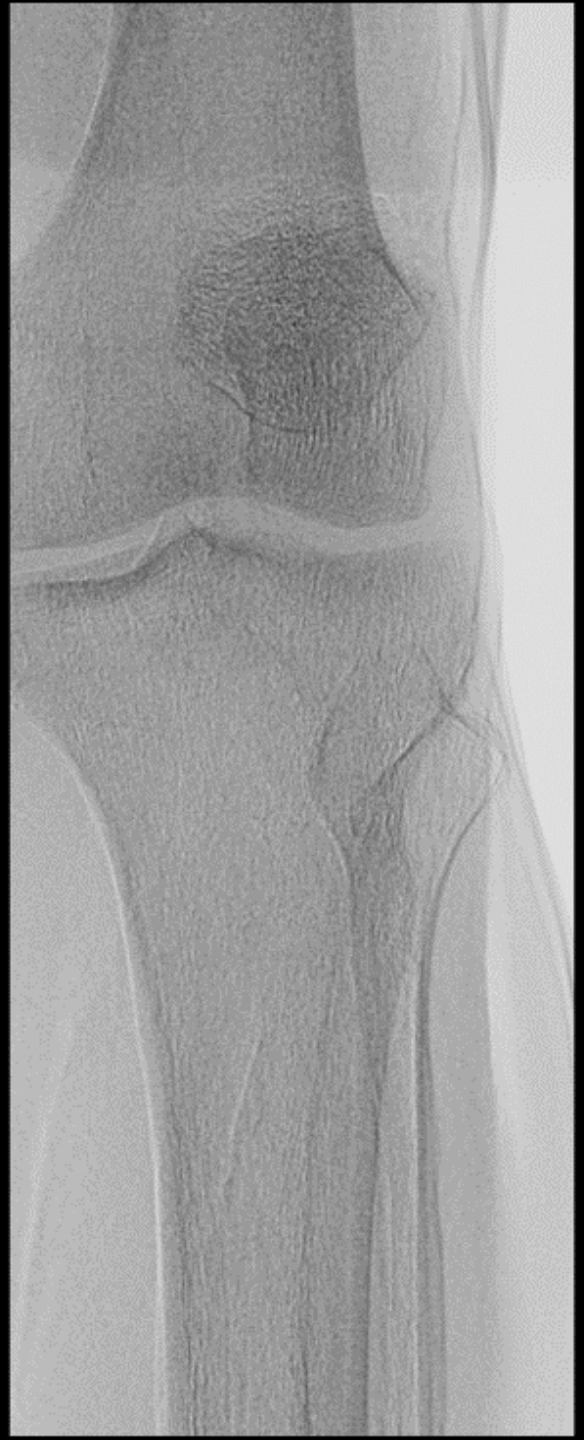

Conclusions

- Sunrise for DES…and wider for DET?
- Sunset for BMS in fem-pop lesions?

Conclusions

- Promising « new stents » :
  - SFA and P1 : New DES – Eluvia (Bostons Sci)
  - P3 : balloon expandable DES
- P2 segment : vascular mimetic implant – SUPERA (Abbott Vascular)

→ DESupera, tomorrow?

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