



PERSPECTIVES 2017

December Friday 15 - BORDEAUX

Organization: E. Ducasse, M. Sibé



www.congresperspectives.com

My real worst & most didactic Peripheral case in 2017

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Disclosure of Interest

- I do not have any potential conflict of interest with regard to this topic

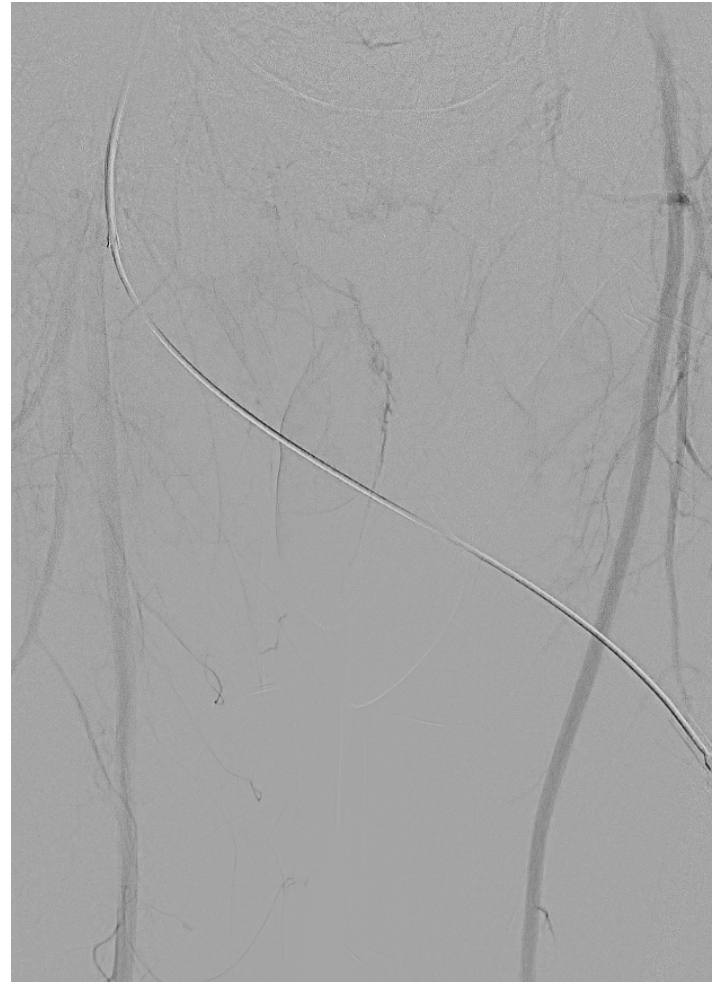
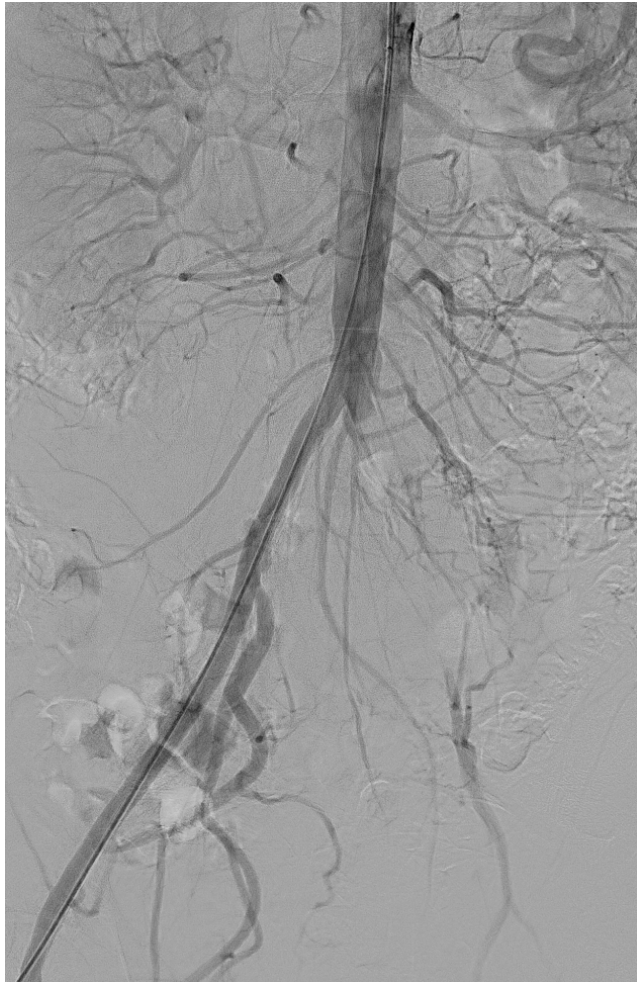
Case Report

- Male, 50 years
- Acute limb ischemia left leg:
 - Coldness, pale, no pulses, sensory loss
- Cardiovascular risk factors:
 - Smoker (20 pack years)

Duplex scan

Iliac Occlusion left

Angiography



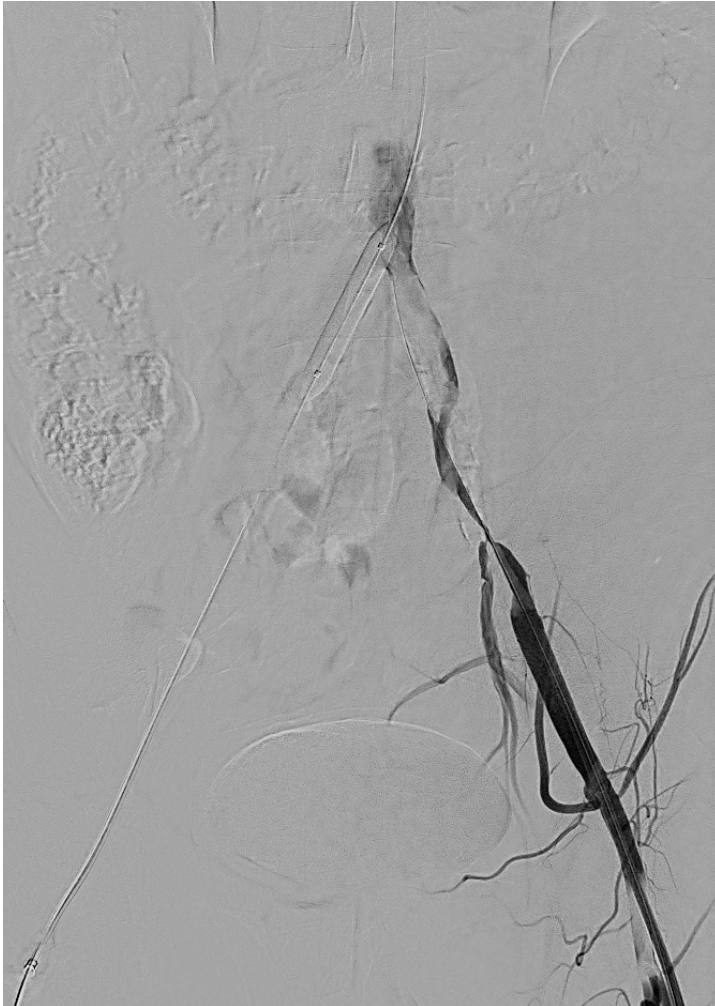
Thrombotic Iliac Occlusion



Percutaneous Interventional Approach

- Bilateral transfemoral access
- Luminal Wire Passage
- Percutaneous mechanical thrombectomy with Rotarex 8F
- Thrombolysis over- night if needed or
- Additional stenting / stentgraft

Insufficient result after wire Passage and Rotarex 8F



0.018" V18 wire (BCSI)

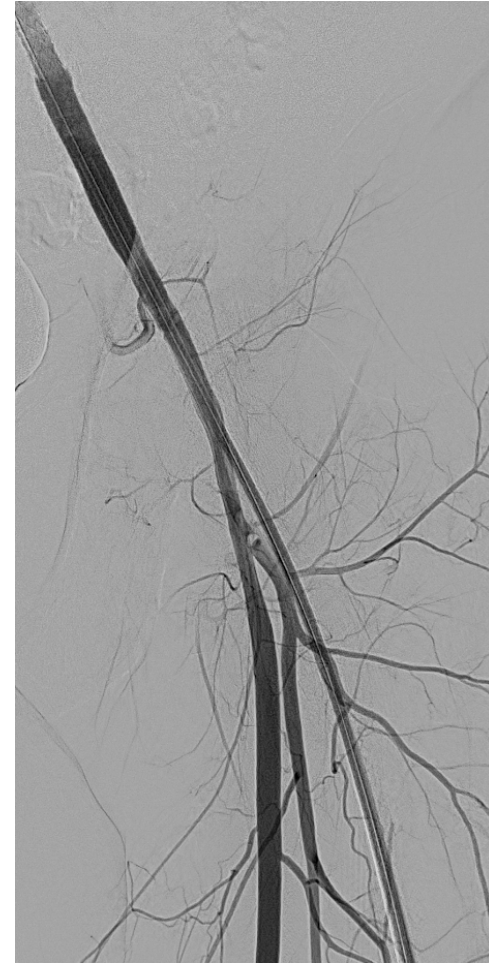
Balloon blockage contralateral leg

Patient felt pain during Rotarex
treatment in the abdomen

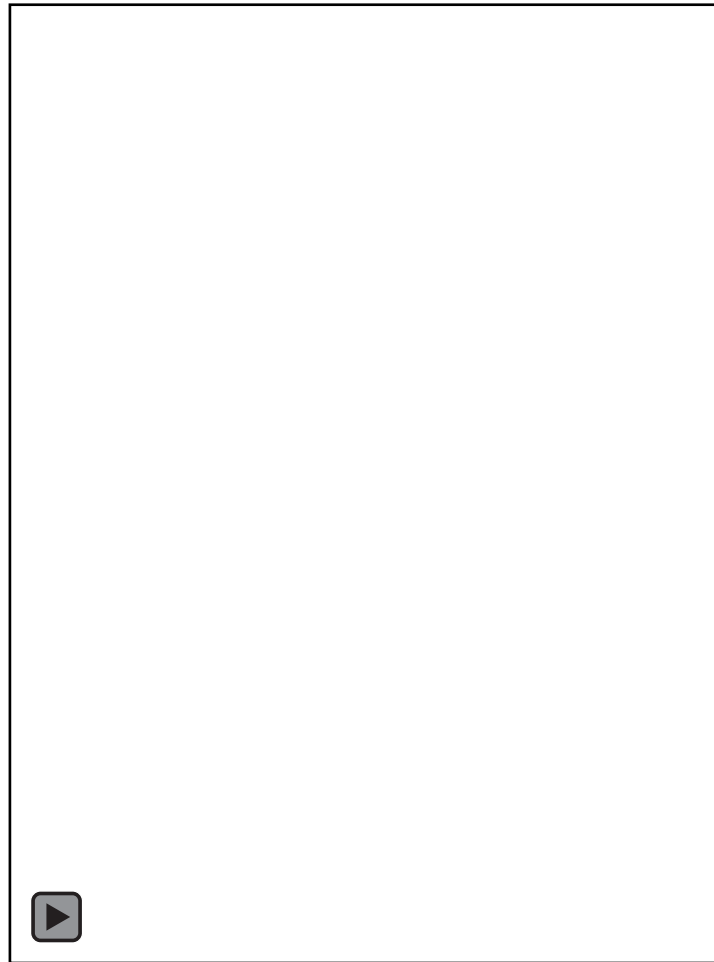
-> New strategy:
Covered stents

- Lifestream 8/59

Stenting left iliac arteries



No Flow !



Searching for the reason:



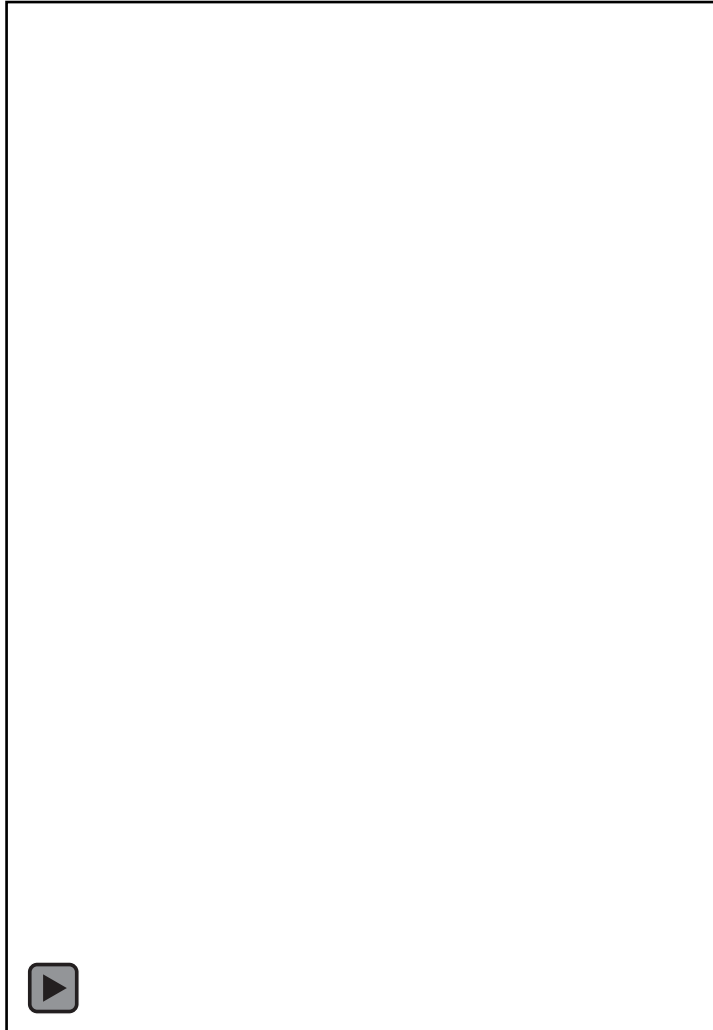
Several additional passages with the 8F Rotarex at the distal end of the stent did not change the result

?

Searching for the reason:



The Solution



Pioneer re-entry
system
(IVUS controlled)

+

SOS Catheter
(to mark the arterial
lumen
in the IVUS)

Kissing Stents



Reconstruction
of the aortic bifurcation:
with covered stents

- Lifestream 9/ 37 mm

Final result



Take Home Message

In peripheral iliac interventions antegrade recanalization/ dual access is safer than single retrograde wire passage

Re-entry Devices may be useful for bail - out situations