

BTK strategies and best options

BTK biforcations: best treatment

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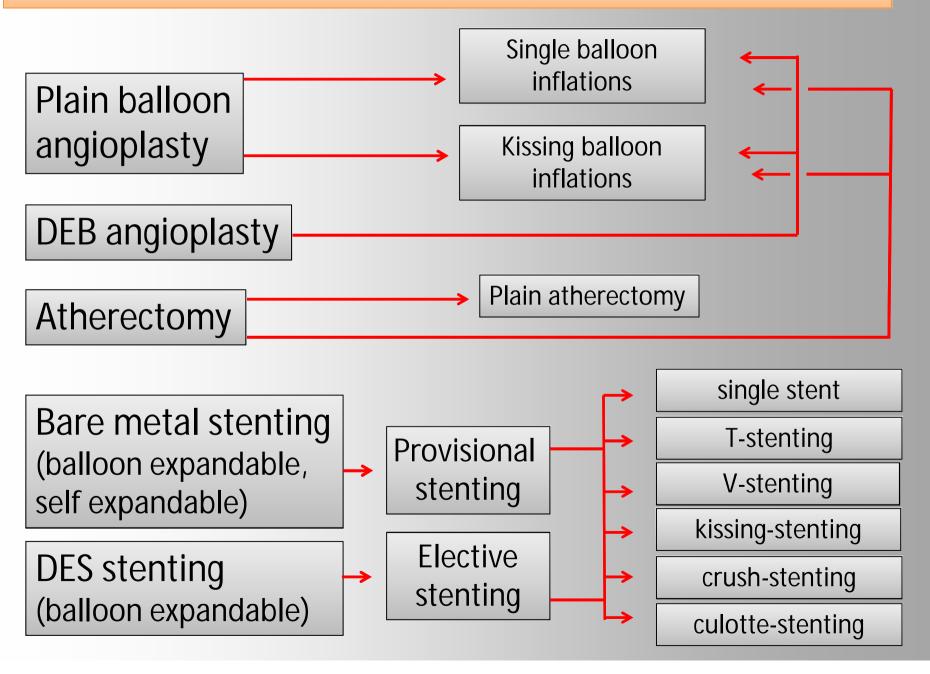
Multimedica IRCCS
Milan - ITALY



Introduction

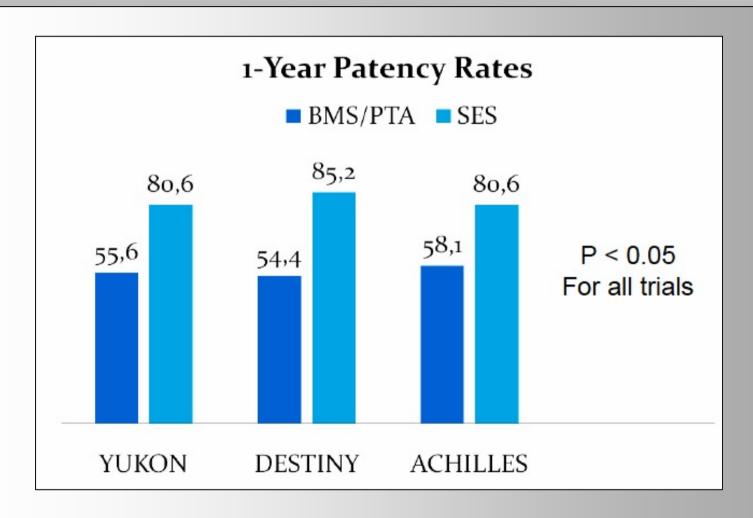
- Bifurcational lesions represent a challenge for interventionists in order to maintain the patency of both branches and to provide satisfactory mid term results
- There is little information regarding the optimal treatment of bifurcational lesions located in infrapopliteal arteries.
- Most of the devices and techniques adopted are transferred from the coronary experience into BTK vessels.

Endovascular strategies for bifurcational lesions



YUKON, DESTINY, ACHILLES trials

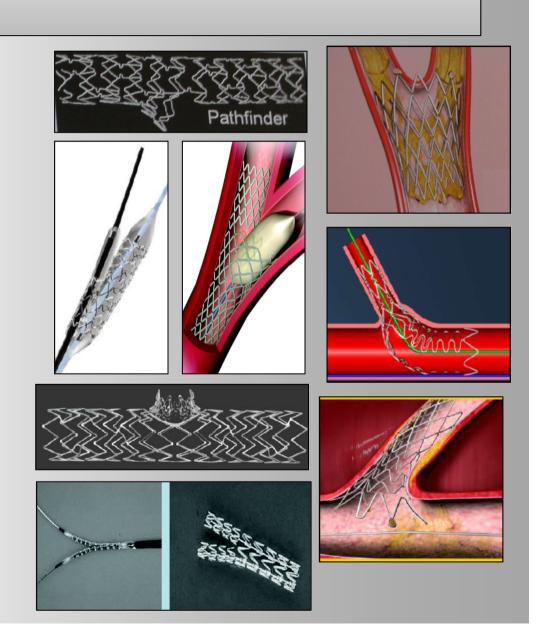
primary patency



Rastan et al. HHJ 2011; Scheinert et al. 2012; Bosiers et al. JVS 2012

Dedicated stents

- Pathfinder/Frontier
- Petal
- Twin Rail
- Nile Croco
- Stentys
- Antares
- Sideguard
- Tryton
- Medtronic
- Devax Axxess



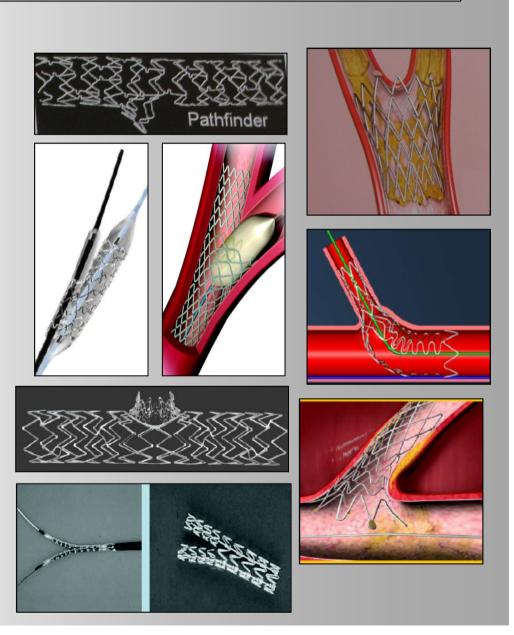
Dedicated stents

STRATEGY:

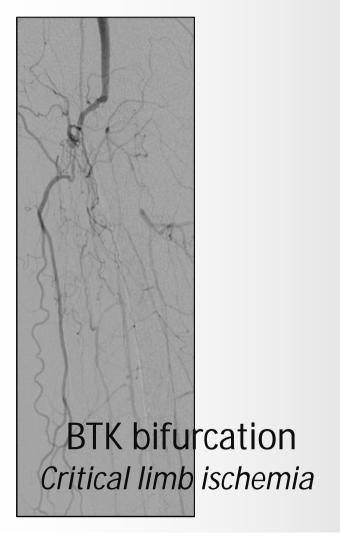
- -stent only in the main branch with a dedicated stent which preserves the access to the side branch
- -provisional stenting in the side branch

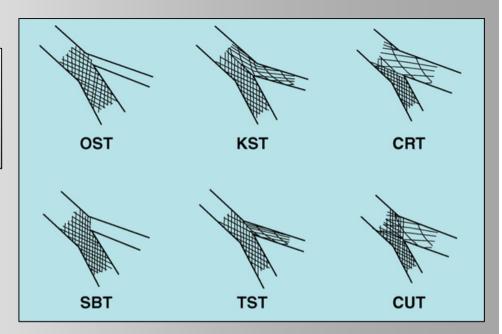
DRAWBACKS

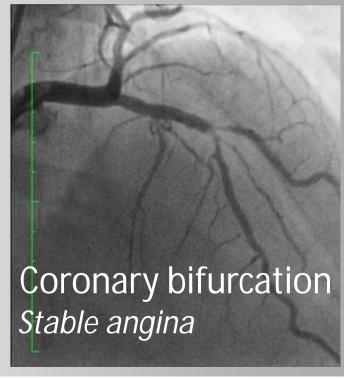
- Bulky and with large profile
- > Passive orientation
- > Wire tangle
- Poor deliverability



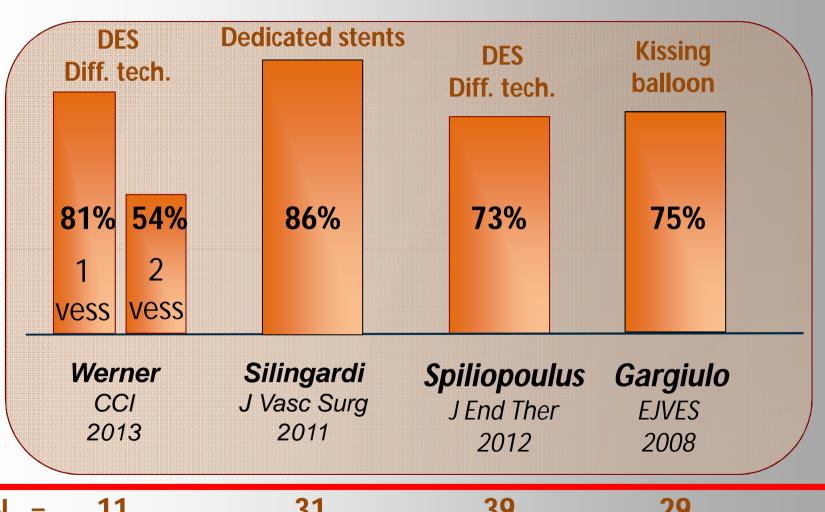
Bifurcational lesions stenting: techniques





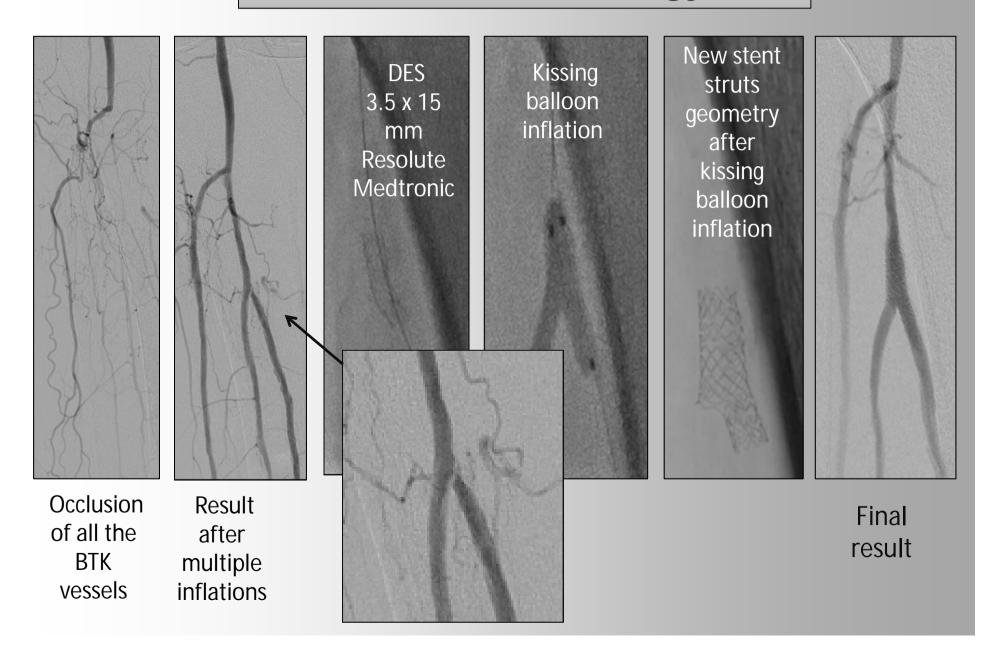


BTK bifurcations: clinical studies patency rate

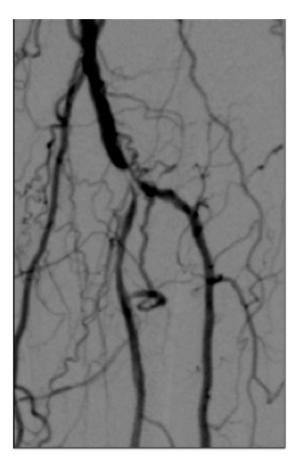


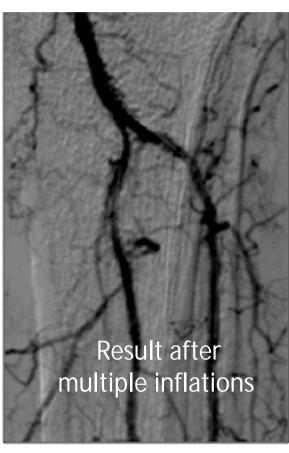
31 39 29

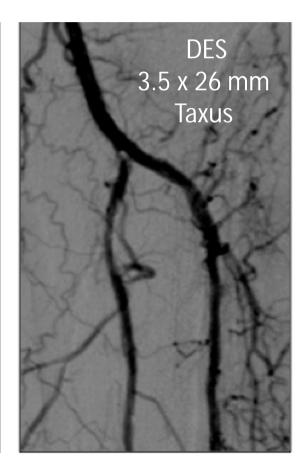
One-stent strategy



Two-stents strategy Culotte techniques







Two-stents strategy Culotte techniques







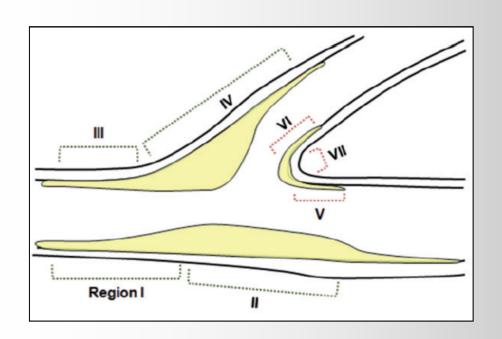
Two-stents strategy Culotte techniques

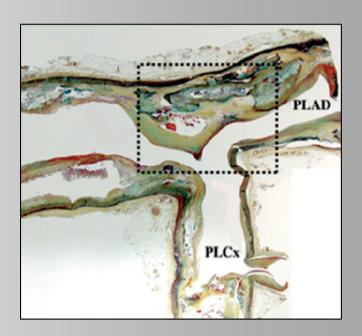


Schematic representation

The two stents are overlapped in the proximal portion of the bifurcation

Role of atherectomy in bifurcational lesions



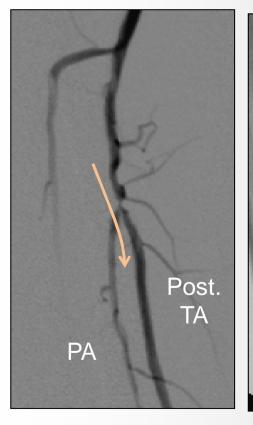


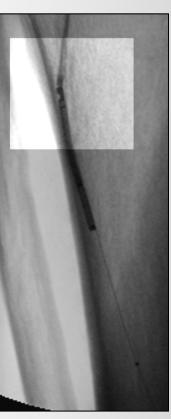
Bifurcational lesions

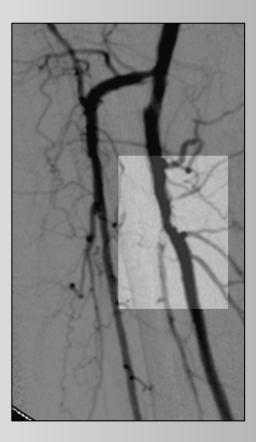
Atherosclerotic plaques are located in the lateral walls while the flow divider regions are spared

Role of atherectomy in bifurcational lesions

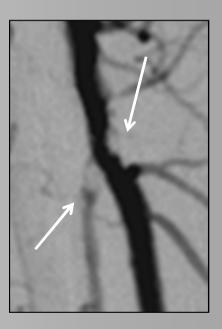
The cutting blade is **uncorrectly** addressed to the bifurcation flow divider (vessel carina)







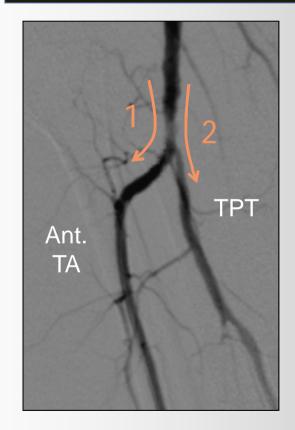
Residual stenosis in the main branch

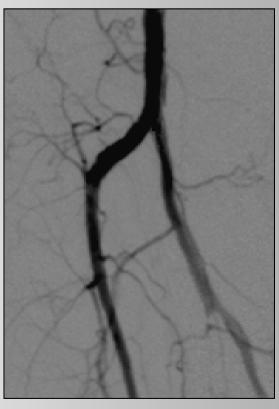


Sub-occlusion of the peroneal artery

Role of atherectomy in bifurcational lesions

The cutting blade is **correctly** addressed to the vessel wall opposite to the bifurcation flow divider (vessel carina)





Conclusions

- The information regarding the treatment of BTK bifurcational lesions are limited to small series of patients treated with different strategies.
- All the experiences indicate high success rates and good mid term patency.
- In absence of prospective randomized studies, operators should tailor their interventions according to lesion characteristics, clinical presentation and personal preference.