“Distal” hybrid intervention in case of diffuse atherosclerosis of femoral-popliteal zone in patient with critical limb ischemia

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Disclosure

Speaker name: Oganes Oganesyan

I have the following potential conflicts of interest to report:

- [ ] Consulting
- [ ] Employment in industry
- [ ] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [ ] Other(s)

☑ I do not have any potential conflict of interest
2 cases

#1 Easy one

#2 Tough one
Case #1 Easy one

✓ Male, 68
✓ Severe claudication of left calf
✓ Walking capacity 30 m
✓ No ulcer
✓ Rutherford 3, Fontaine IIb, WIFI 0,3,0
✓ ABI 0.38, TP 40 mm Hg
✓ Risk factors: arterial hypertension, smoker
Long occlusion of left SFA
Case #1

Popliteal-tibial lesions
<table>
<thead>
<tr>
<th>Treatment options</th>
<th>Only surgery</th>
<th>Only endovascular</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Not enough</td>
<td></td>
<td>✓ Technically challenging</td>
</tr>
<tr>
<td>✓ Bad run-off (poor</td>
<td></td>
<td>✓ Long lesion (poor prognosis?)</td>
</tr>
<tr>
<td>prognosis?)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

May be hybrid?
Operation plan

A. Make CFA-popliteal bypass
B. Insert introducer 5F in bypass, do angio
C. Popliteal-tibial lesion dilatation
Case #1

- Popliteal lesion
- Plantar lesion
Case #1

Popliteal artery dilatation (4.5x60 mm)  

Control angio
✓ Discharge after 2 days
✓ Increased walking capacity
✓ ABI 0.82
✓ TP 60 mm Hg
✓ Recommendations: stop smoking, DAPT 6 month, walking
Case #2 Tough one

✓ Male, 57
✓ Severe claudication of left calf
✓ Walking capacity 20 m
✓ Rest pain
✓ Stenting of left SFA 2 month ago!
✓ Stop DAPT because of bleeding from duodenal ulcer (effective endoscopic treatment)!
✓ No ulcer
✓ Rutherford 4, Fontaine 3, WIFI 0,3,0
✓ ABI 0.32, TP 30 mm Hg
✓ Risk factors: DM 2, arterial hypertension, smoker

Started ≈ week ago!
2 month before

left SFA occlusion

after stenting

good run-off
at admission

left SFA occlusion (thrombosed stent)
poor run-off
Treatment options

✓ Only surgery is not enough
✓ Endovascular – challenging due to massive thrombosis
✓ Thrombolysis – too risky

May be hybrid?
Angio through 5F introducer in SFA

- good anastomosis
- occluded tibioperoneal trunk (TPT)
- anterior tibial artery stenosis
- occluded dorsalis pedis artery
- Embolism!
✓ TPT, tibial arteries dilatation (3.0x120mm)
✓ Unsuccessful plantar arteries recanalization
✓ Discharge with improvement after 5 days
✓ No rest pain
✓ Increased walking capacity
✓ ABI 0.70
✓ TP 40 mm Hg
✓ Palpable pulse on tibial arteries

✓ Recommendations: stop smoking, monotherapy (clopidogrel), walking
Thank you for attention
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