Fractured Supera Stent in the Popliteal Artery, how frequently is it reported?
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Introduction, Purpose:
Fractures of the peripheral arterial stents are not uncommon, usually involve the femoropopliteal segment. The Supera-Stent boasts of highly resistive radial strength to withstand high torsional and compressive forces. Zero stent fractures have been reported at 1 year in over 2,000 patients across 17 studies. We would like to report one such case presenting with re-occlusion due to fractured Supera in the popliteal artery. Due to limited published literatures on Supera-Stent fracture our purpose of this report is to highlight the necessity of long term follow up of patients with Supera-Stents.

Case Report:
A 69 year old male known Golfer had undergone distal femoropopliteal-bypass with saphenous-venous graft in 2007. Due to acute re-occlusion’s, thrombectomy’s and implantation of 2 Supera-Stents in the graft were performed after 8 and 10 years. 2 years later he returned with right limb claudication (Rutherford 3). Duplex-Ultrasound demonstrated re-occlusion. Angiography demonstrated a type-IV Stent fracture. The stent could be successfully recanalized and angioplasty was performed. However to maintain the integrity of the vessel a new Supera-Stent had to be implanted.

Discussion, Conclusion:
Due to various forms of forces acting in the femoropopliteal region, it is still a challenging region for endovascular revascularisation procedures. The most robust stent known till date the Supera Stent is also not fracture proof. In cases of acute In-Stent restenosis/re-occlusion, firstly rule out Stent-Fracture. More long term studies are necessary for the evaluation of various factors associated with Supera-Stent fractures and to ensure its efficacy.