Fracture and re-occlusion of the balloon-expandable stent in the common iliac artery due to a vertebral spoor

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Fig. 1 42 yo male, unremarkable history, current smoker, increased BMI. Arterial embolism from LV (Myocarditis, EF-30%) to the left the common hepatic artery, left renal artery, CIA, EIA. Left CIA, EIA occlusions. Left CLI. LV thrombectomy, aorto-femoral bypass and lumbar sympathectomy were performed. Bypass occlusion 5 days later.

Fig. 2 Recanalization and stenting (BES 10x59 prox CIA, SES 10x80mm, SES 10x60 - distal CIA, EIA).

Fig. 3 Left CIA re-occlusion 1 week later - compressed stent in prox CIA managed by stent-in-stent deployment (BES 10x79 mm).

Fig. 4 Re-occlusion 3 weeks later. BES in CIA was compressed by osteophyte.

Fig. 5 Restenting SES 14x80. Three months US follow-up.

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