Hybrid endovascular revascularization of TASC-D AIOD in an old monk with ischemic cardiomyopathy

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Disclosure

Speaker name: 

I do not have any potential conflict of interest.
History and physical examination

- A 78 year-old monk with history of HT, CAD Tripple vessels disease (refuse CABG) and ischemic cardiomyopathy (EF=32 %) presented with severe disabling claudication both legs for 8 months (can walk only 15 meters).
History and physical examination

- Physical examination showed absent of both lower extremities pulse.
- ABI of Rt. leg and Lt. leg were 0.53 and 0.51
Investigation

- CTA showed total occlusion of mid-infrarenal aorta and total occlusion of bilateral common iliac artery with severe stenosis of bilateral common femoral artery.
Plan for management

• After discussing with patient and his family, we decided to do hybrid revascularization technique due to high risk for open bypass surgery and patient also did not accept open bypass technique.
Procedure

• Bilateral CFA were cut down.
• Command 18 ST wire supported with pacific PTA balloon was used to pass retrogradely from bilateral CFA. (try to stay intraluminally)
• Wire can passed through the occlusion only from Rt.side
Go from Lt. CFA
Go from Rt. CFA
Go from Lt. brachial art.
Go into wrong way
Go from Lt.CFA
Aortography after 2 wire were in aorta
Predilatation

4mm Admiral PTA Balloon
Aortography before deploy stent
Procedure

• Everflex stent 8 mm were deployed in bilateral iliac arteries
• Bilateral common femoral endarterectomy were made and bilateral CFA were patched with saphenous vein
Completion angiography
Result

• Completion angiography showed good flow down to bilateral CFA.
• Operative time 190 mins.
CTA at 11 month after operation
Follow up

At 13 month after operation; ABI Lt legs and Rt. leg were 0.91 and 0.94.
Progression

• One year after aortoiliac revascularization, patient can walk more than 2 kms.
• He got chest pain on Dec 2019 -> STEMI at inf. wall.
• Re-CAG -> Tripple vessels diseases with RCA occlusion
• Thrombus aspiration and DES at mid RCA
• Patient and his family accepted CABG, so he was scheduled for CABG.
Progression

- I performed off-pump CABG with no touch Aorta technique (20 Jan 2020)
  - LIMA to LAD
  - Y-RA to OM
- Patient was discharged on 25th Jan 2020.
Conclusion

Hybrid revascularization is safe for TASC-D AIOD with good early outcome.
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