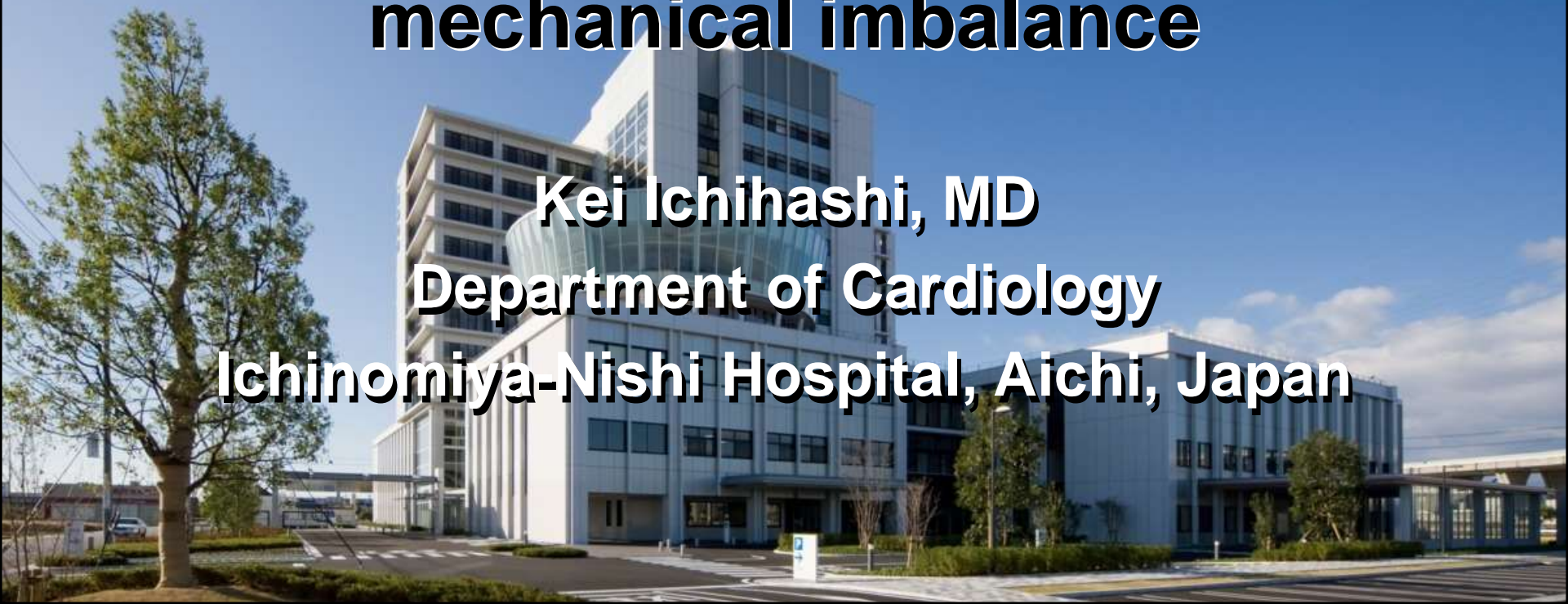


A case of Leriche syndrome with repeated stent occlusion caused by stent deformation due to mechanical imbalance

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Disclosure

Speaker name: Kei Ichihashi

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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

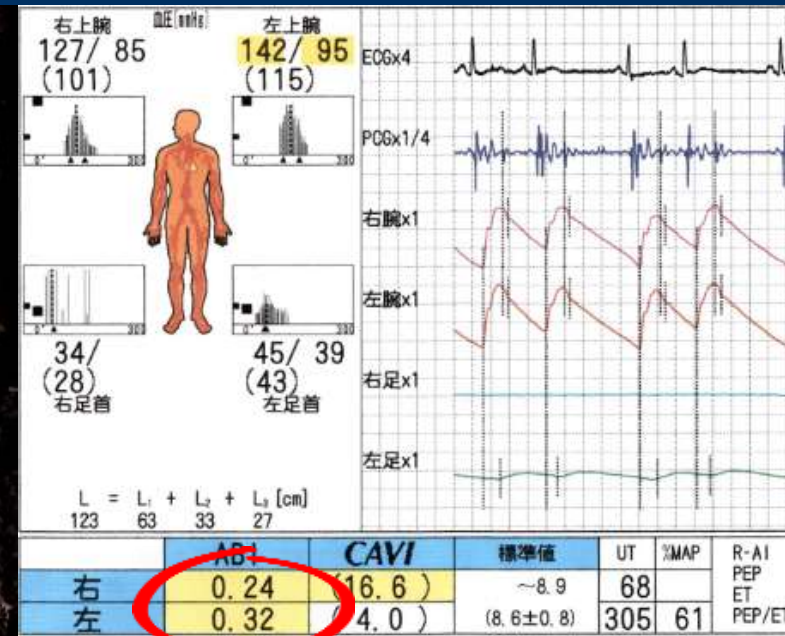
CASE 64-year-old male

Rutherford-class 3→4 (bilateral cyanosis, rest pain)

Current smoker, dyslipidemia

e-CT : Leriche syndrome

ABI 0.24 (rt.)/ 0.32 (lt.)



First EVT

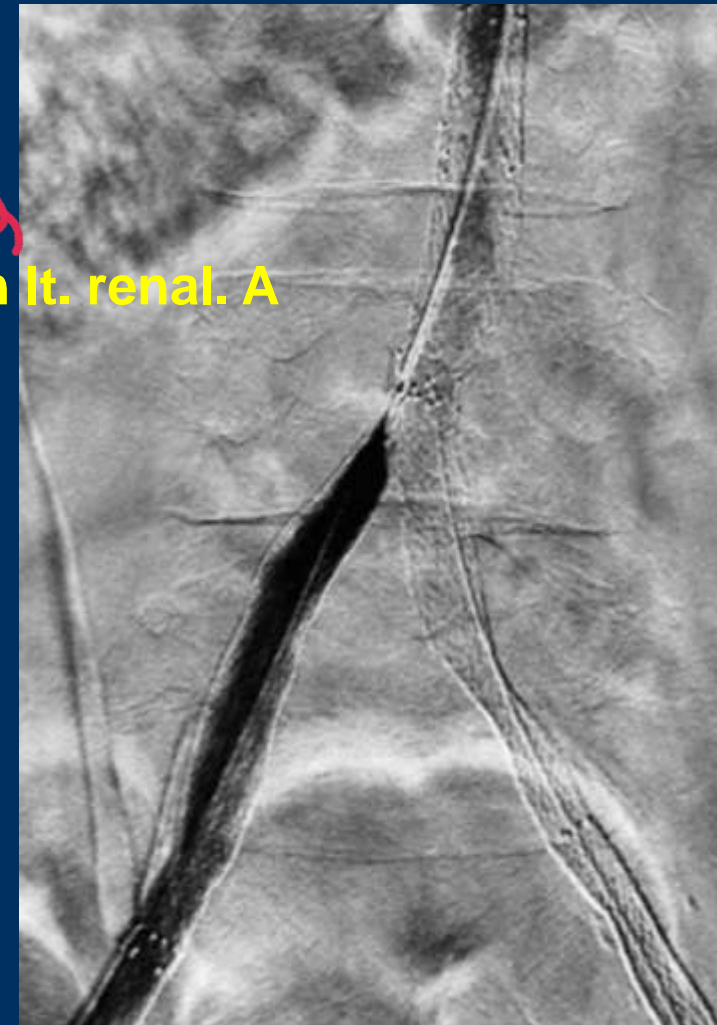
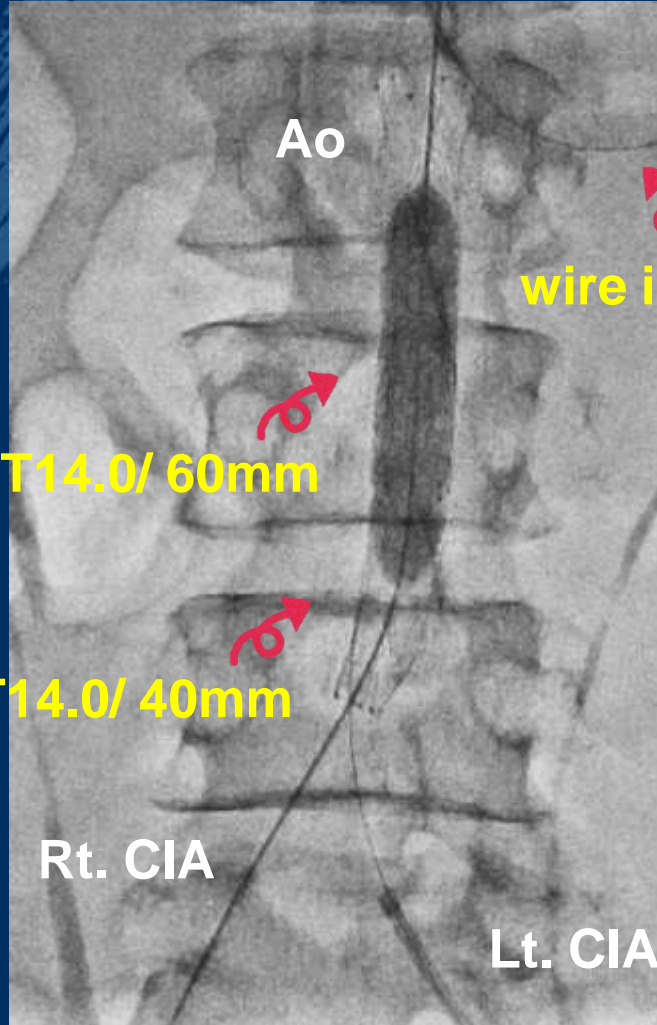
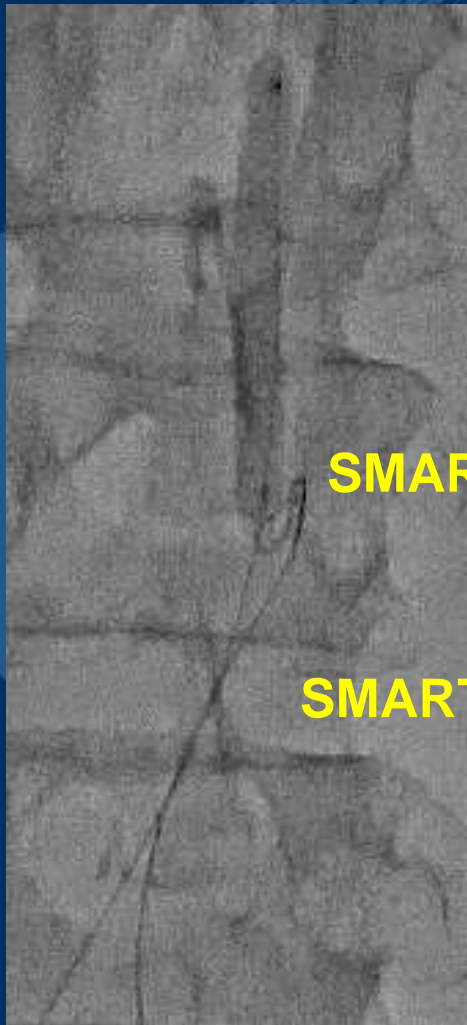
Wire passed by CART

Rt. CIA: SMART 10.0 / 100

Rt. EIA: SMART 7.0/80

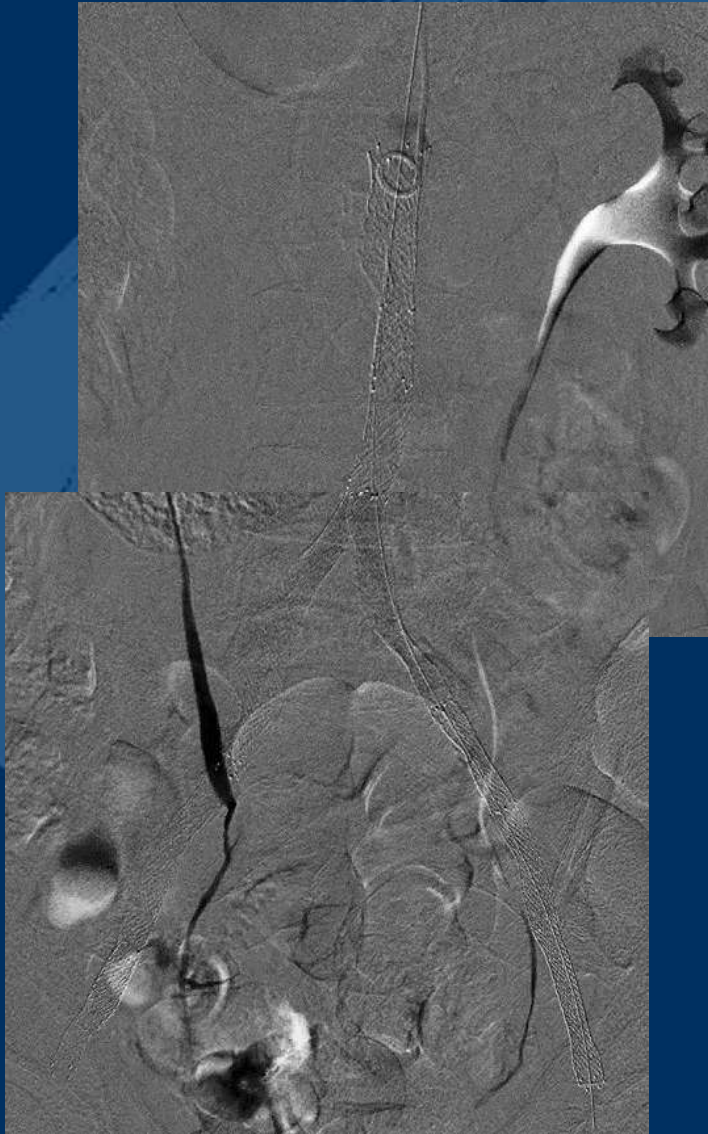
Lt. CIA: SMART 10.0 / 100

Lt. EIA: SMART 7.0/80



Final angio

After repeated KBT

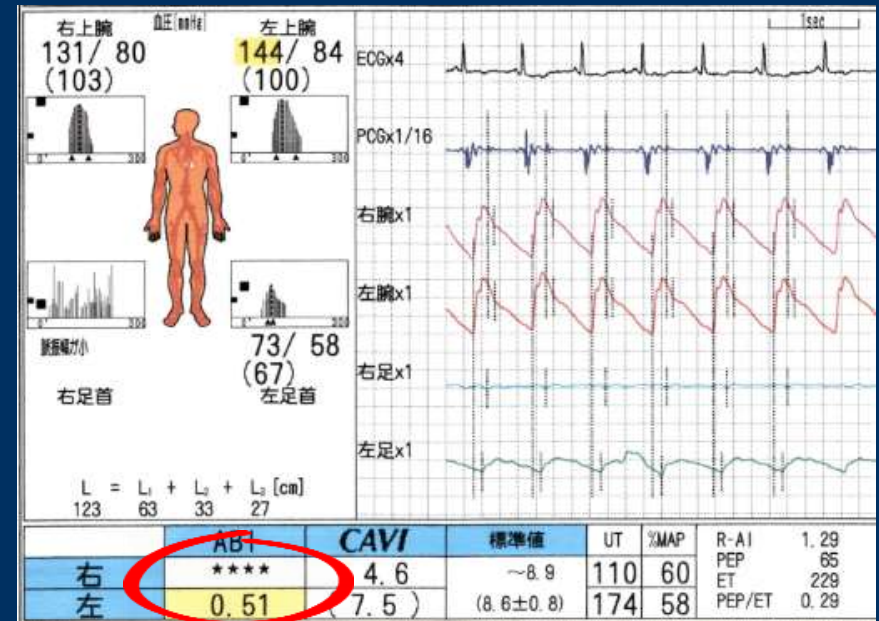


First EVT

CT



Next day's ABI

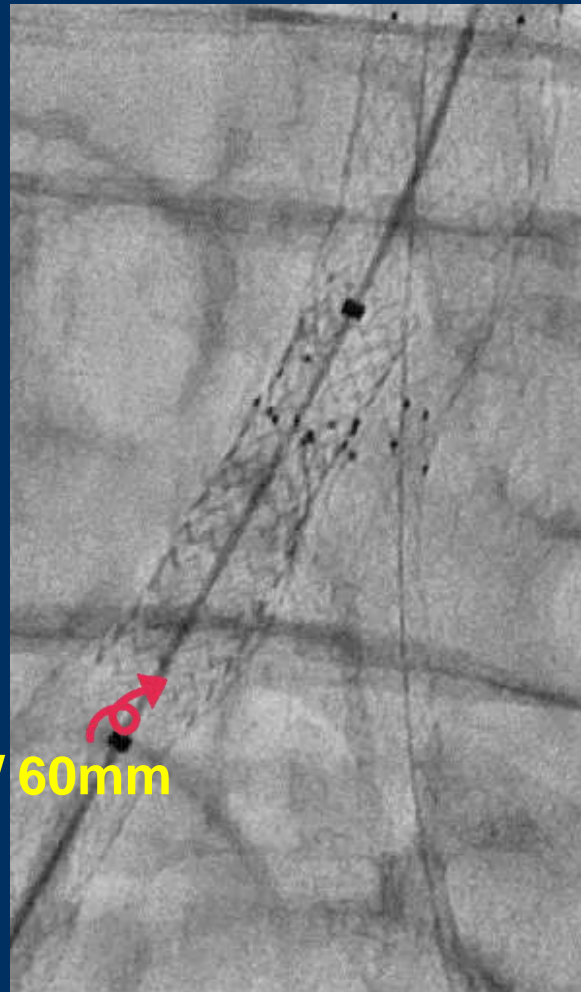


2nd EVT

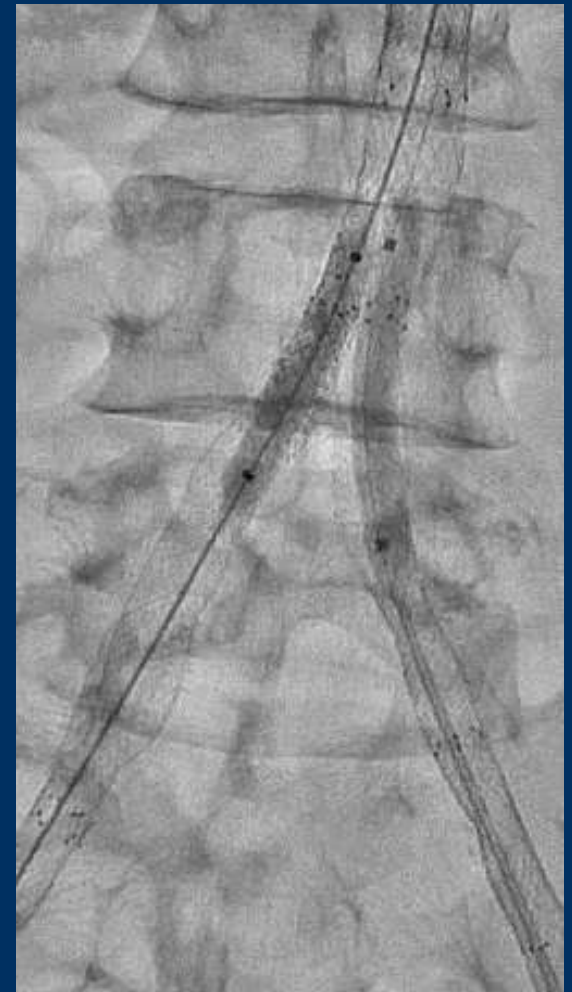
First angio



Stenting in stent



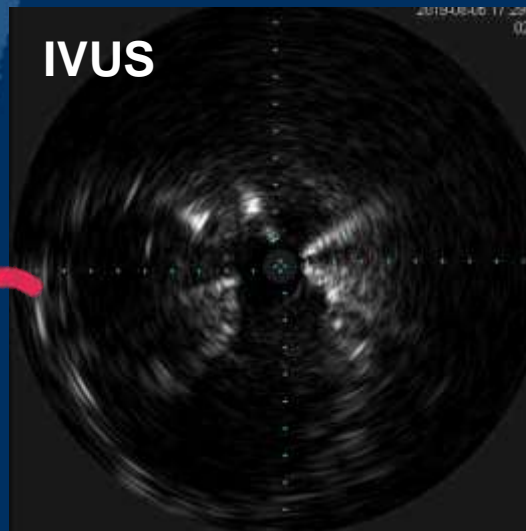
KBT



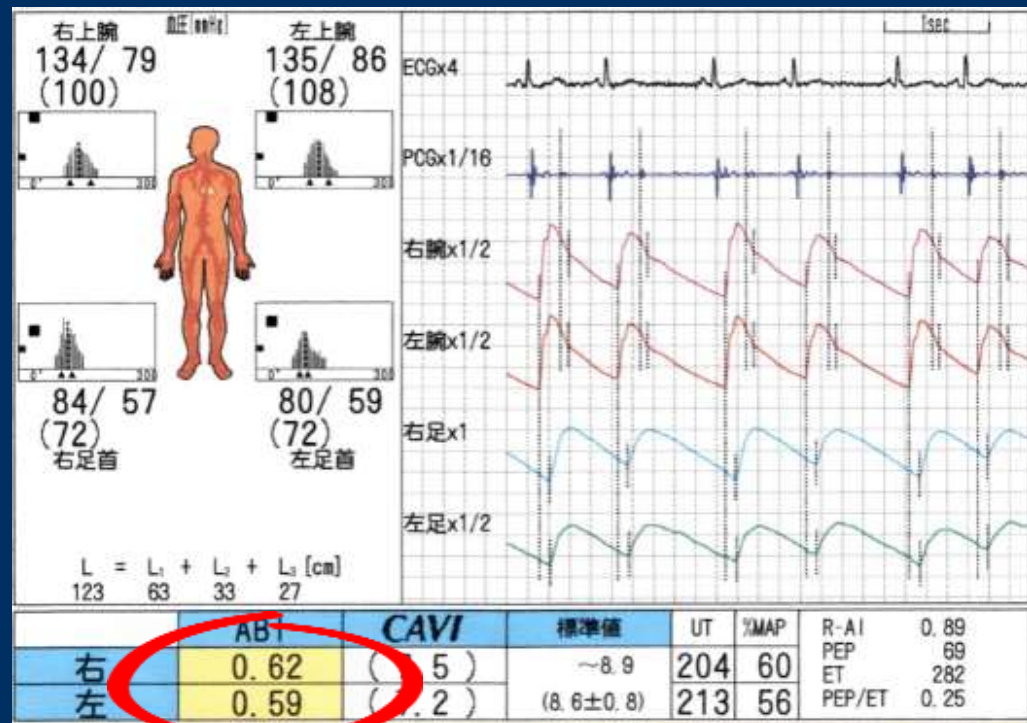
2nd EVT

Final angio

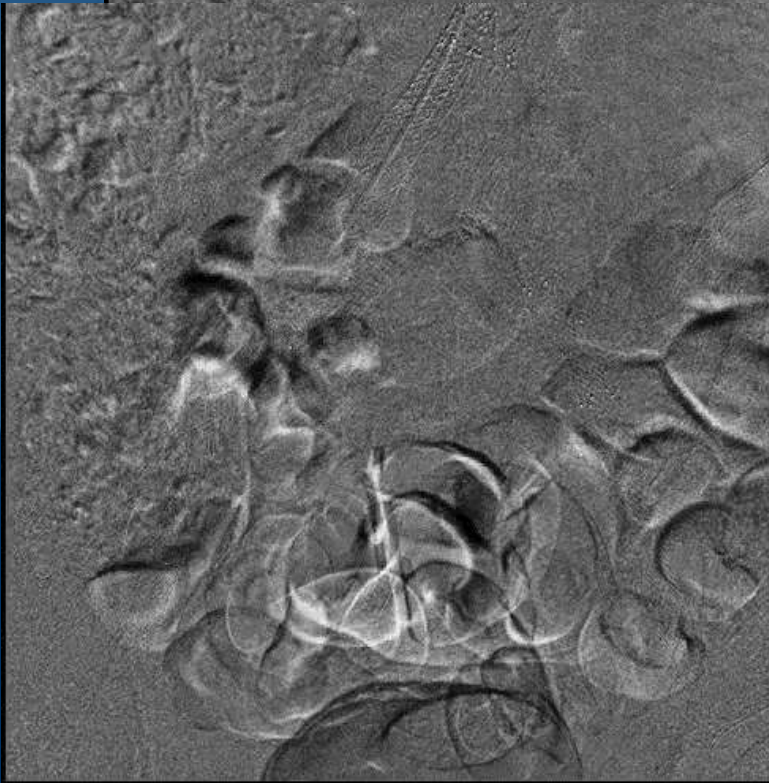
After stent implantation



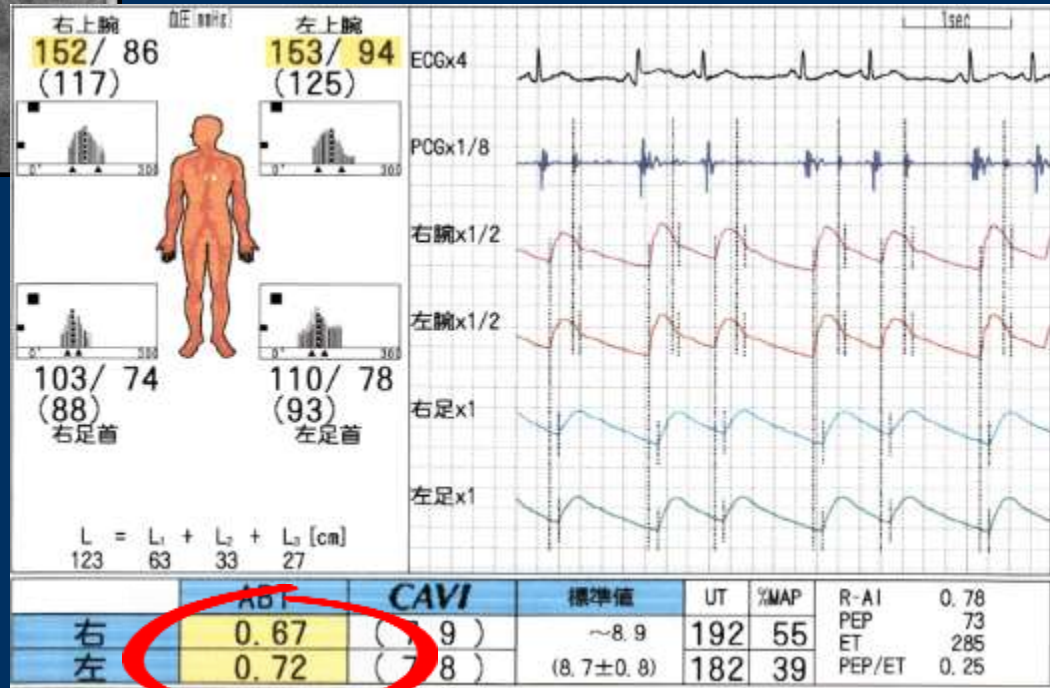
Next day's ABI



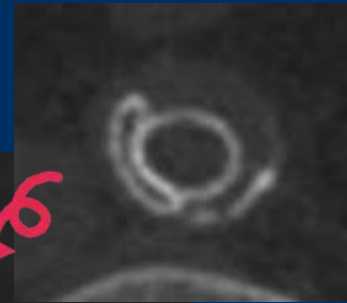
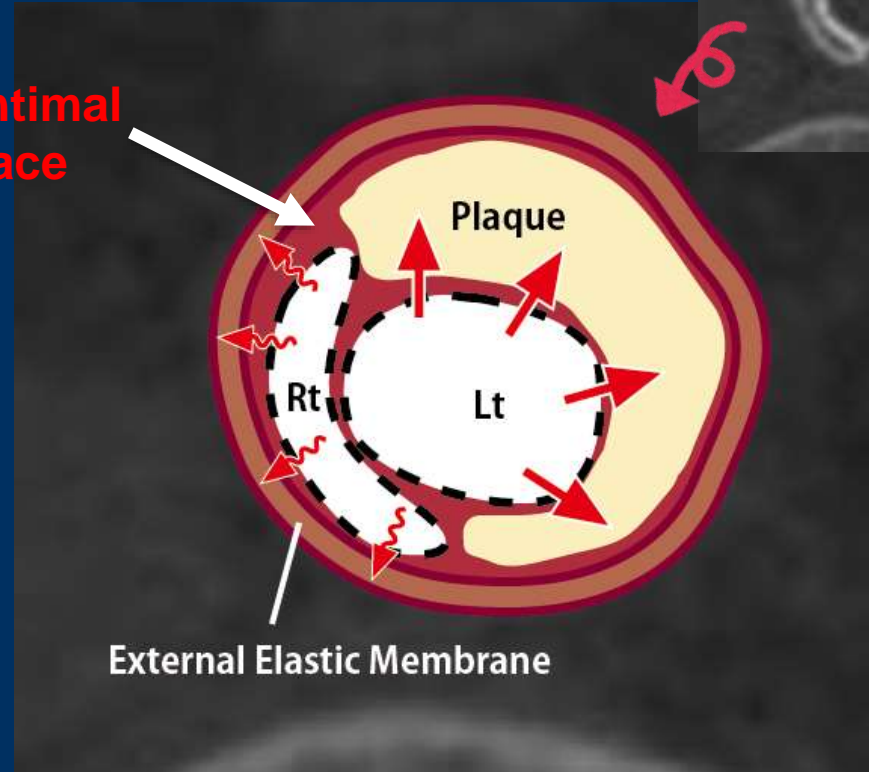
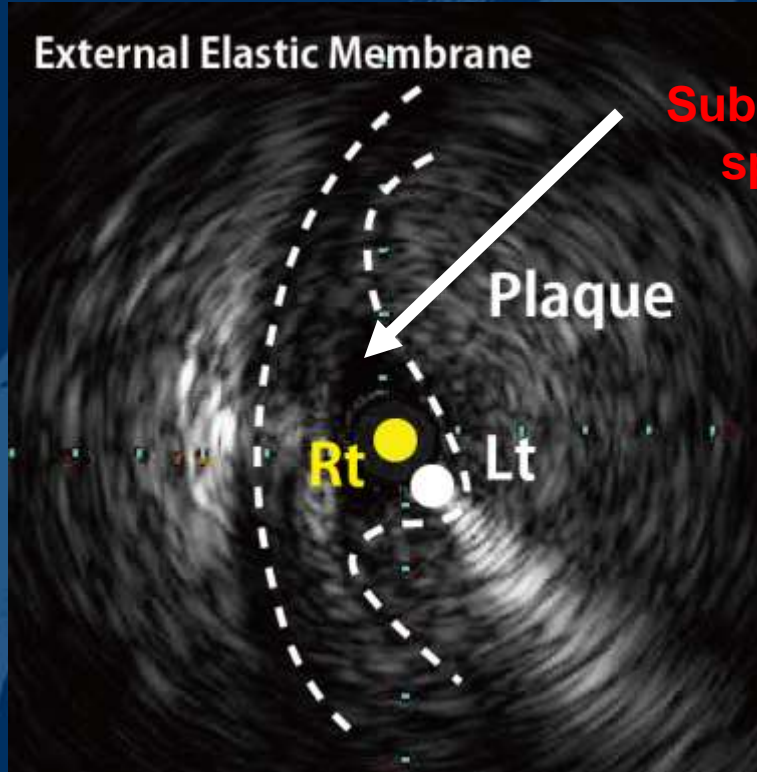
Angio after 5Mo



ABI after 5Mo



Discussion



From the IVUS and CT review...

In the narrow space between the hard external elastic membrane and the soft plaque, the left stent was physically positioned to be more advantageous for expansion than the right.

Conclusion

Stent placement in the same subintimal space may lead to unilateral stent un-expansion in EVT for aortic-iliac occlusive disease.

Thank you for your kind attention

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