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

Kei Ichihashi, MD
Department of Cardiology
Ichinomiya-Nishi Hospital, Aichi, Japan
Disclosure

Speaker name: Kei Ichihashi

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

SMART14.0/ 60mm
SMART14.0/ 40mm
wire in lt. renal. A
Final angio
After repeated KBT

First EVT

Next day’s ABI

CT
2nd EVT

First angio

Stenting in stent

KBT

Omnilink 7.0/60mm
2nd EVT
Final angio
After stent implantation

Next day’s ABI
Angio after 5Mo

ABI after 5Mo
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
A case of Leriche syndrome with repeated stent occlusion caused by stent deformation due to mechanical imbalance

Kei Ichihashi, MD
Department of Cardiology
Ichinomiya-Nishi Hospital, Aichi, Japan