

LINC



UNEXPECTED VASCULAR RESPONSE DURING ANGIOPLASTY IN YOUNG FEMALE WITH LUPUS PERIPHERAL ARTERY DISEASE

Vito A. Damay, MD. MSc.

Emanoel Oepangat MD, Suko Adiarto MD PhD,

Siloam Hospitals Lippo Village-Universitas Pelita Harapan

Vascular Working Group

Indonesian Heart Association

Disclosure

Speaker name:

Vito A. Damay, MD, MSc.

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

MEDICAL HISTORY

4 weeks before admission

- 14 yo female complained of rash on face, headache, photophobia
- Intermittent claudication
- DS DNA (+), ANA (+), ribosomal p protein (+) CRP 1.6
- Confirmed Systemic Lupus Erythematosus

3 weeks before admission

- Rash resolved, no photophobia Pale-going blue and
- Paresthesia of left foot big toe

On Admission

- Chief Complain: black discoloration
- Pain at rest
- On steroid therapy

Physical Examination

- Vital sign within normal limit. No Fever.
- Heart, Lungs, Abdominal examination: unremarkable



Local examination on left toe: black discoloration,
low pulsation, localized tenderness (+), sensation (+), motoric (+)
F III, R IV-5

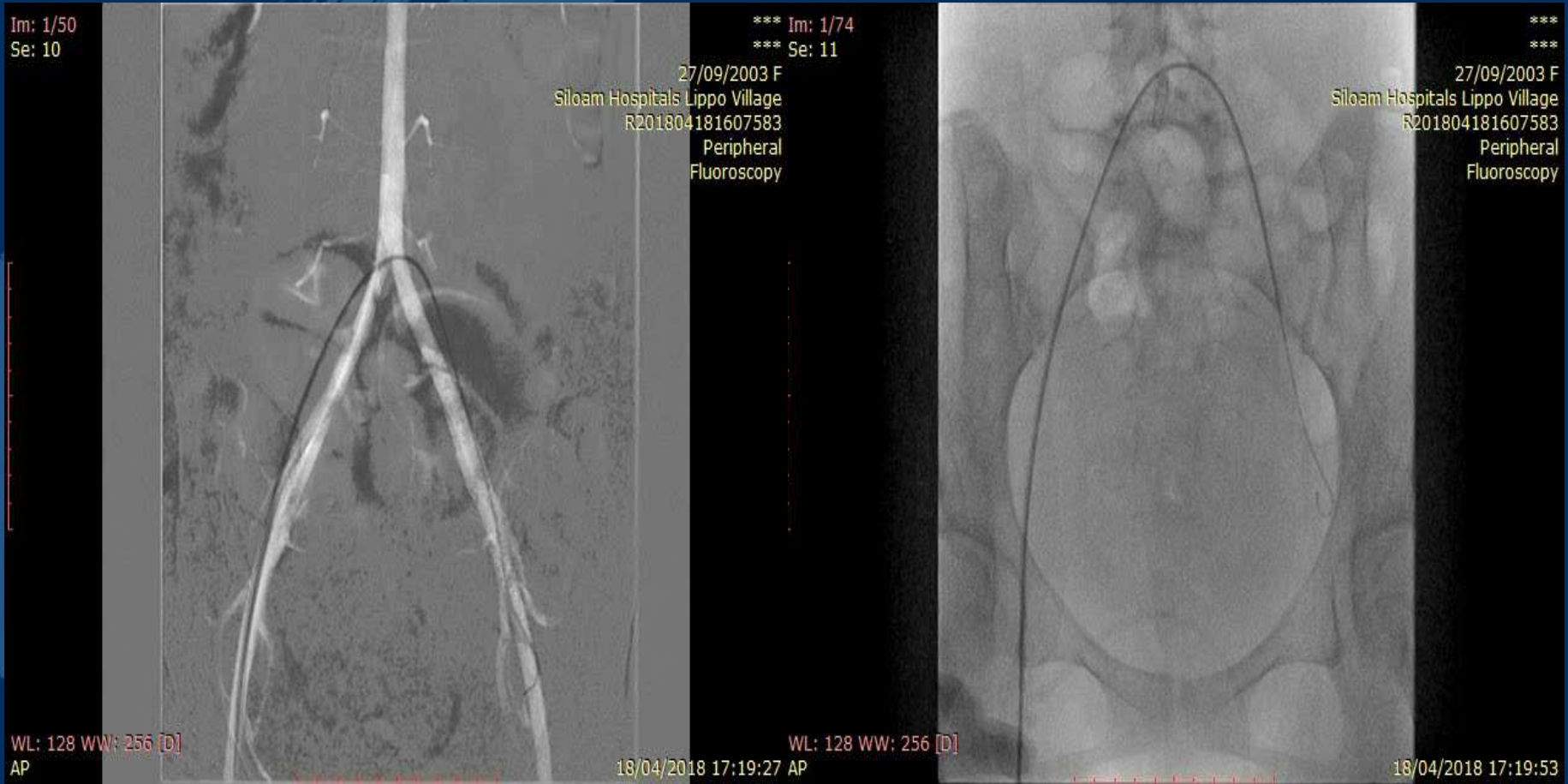
DOCUMENTED MED RECORD

- ECHO:
- Normal Cardiac chambers and function
- Normal Valves
- No Pericardial Effusion

- **Angiography 3D with Contrast:**
From another hospital
- Near Total occlusion on left popliteal artery
- (common among the rare)
- Low arterial flow on distal

Should we perform arteriography?

Long sheath 6 Fr Fortress GC JR 4/6Fr



Siloam Hospi
R20

1 [D]

18/0

Siloam Hosp
R21

1 [D]

18/0

Siloam

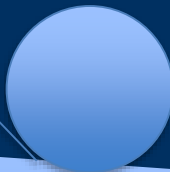


SHOULD WE INTERVENE?

NO

YES

Amputation?



Bypass?
Weak distal flow

CRP
still high

Rest Pain

On Steroid

Quick action

3 weeks already
Could we pass through?

Im: 1/148
Se: 20



27/09/2003 F
Siloam Hospitals Lippo Village
R201804181607583
Peripheral
Fluoroscopy

WL: 128 WW: 256 [D]
AP

18/04/2018 17:30:18

DR. VITO DAMAY

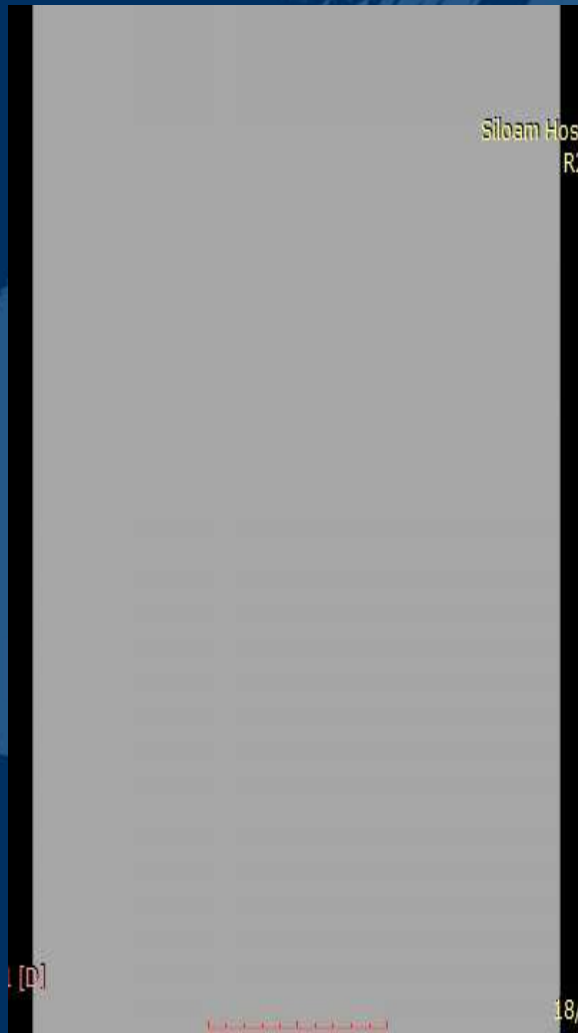
Im: 1/21
Se: 21



27/09/2003 F
Siloam Hospitals Lippo Village
R201804181607583
Peripheral
Fluoroscopy

WL: 128 WW: 256 [D]
AP

18/04/2018 17:31:10



Armada OTW Balloon 5.0/150/135

8 atm 12 atm

Im: 1/150
Se: 31

WL: 128 WW: 256 [D]
AP



Im: 1/150
Se: 32

WL: 128 WW: 256 [D]
AP



27/09/2003 F
Siloam Hospitals Lippo Village
R201804181607583
Peripheral
Fluoroscopy

18/04/2018 18:34:08

What would we do next?

Im: 1/150
Se: 34



27/09/2003 F
Siloam Hospitals Lippo Village
R201804181607583
Peripheral
Fluoroscopy

Im: 1/13
Se: 35



27/09/2003 F
Siloam Hospitals Lippo Village
R201804181607583
Peripheral
Pelvis/Iliac 3 fps

- A. Another dilatation
- B. Stop Procedure
- C. vasodilator
- D. Put a stent
- E....

WL: 128 WW: 256 [D]
AP

18/04/2018 18:35:23

WL: 127 WW: 171 [D]
AP

18/04/2018 18:37:04

One more dilatation should be OK
RIGHT ?

Dilatation one more time

Im: 1/106
Se: 36



27/09/2003 F
Siloam Hospitals Lippo Village
R201804181607583
Peripheral
Fluoroscopy

18/04/2018 18:41:01

Im: 1/16
Se: 37



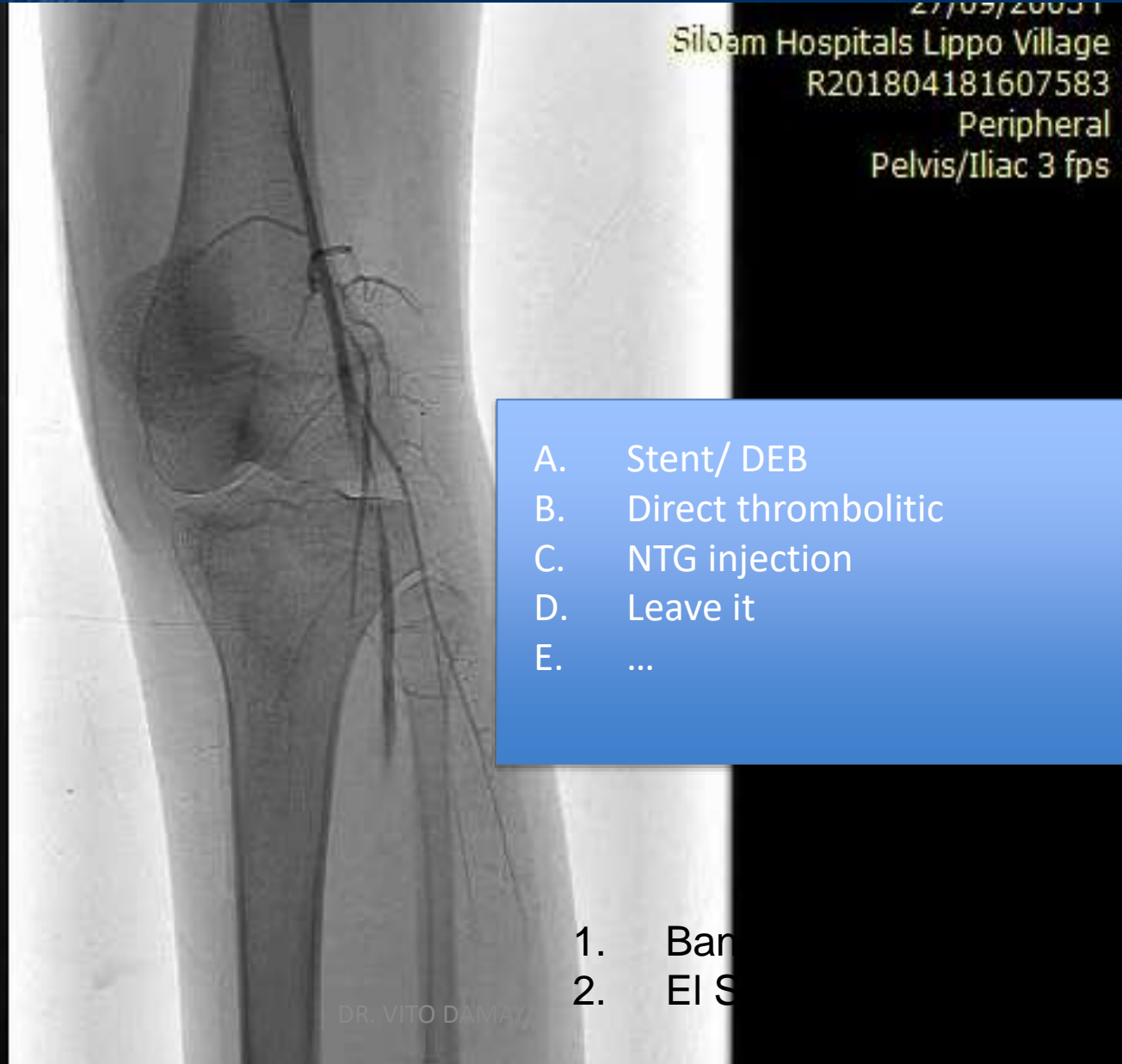
27/09/2003 F
Siloam Hospitals Lippo Village
R201804181607583
Peripheral
Fluoroscopy

18/04/2018 18:41:17

WL: 128 WW: 256 [D]
AP

WL: 128 WW: 256 [D]
AP

What we do next?



27/09/2005
Siloam Hospitals Lippo Village
R201804181607583
Peripheral
Pelvis/Iliac 3 fps

- A. Stent/ DEB
- B. Direct thrombolytic
- C. NTG injection
- D. Leave it
- E. ...

1. Bar
2. El S

BEFORE

AFTER

Im: 1/9
Se: 28



27/09/2003 F
Siloam Hospitals Lippo Village
R201804181607583
Peripheral
Pelvis/Iliac 3 fps

WL: 127 WW: 171 [D]
AP

18/04/2018 18:15:49

Im: 1/10
Se: 39



27/09/2003 F
Siloam Hospitals Lippo Village
R201804181607583
Peripheral
Pelvis/Iliac 3 fps

WL: 127 WW: 171 [D]
AP

18/04/2018 18:49:27

We decide to stop...

Cortis E. Ita J Pediatr 2015

MED's

- Cilostazol 2 x 50 mg
- Clopidogrel 1 x 75 mg
- Atorvastatin 1 x 20 mg

- No resting pain → discharged 3 day after procedure

Plan :

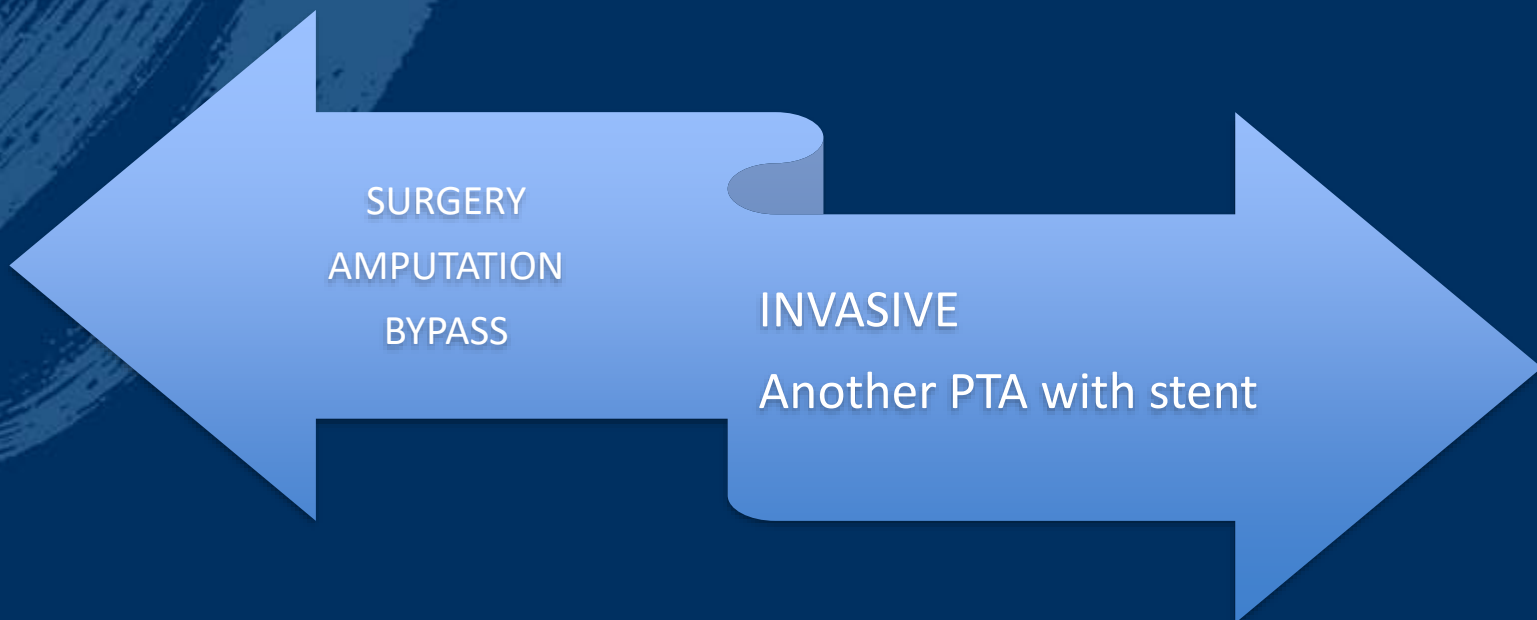
- surgery and rheumatology consultation
- Clinical Evaluation

**Digiti 1 Pedis sinistra
(on admission)**



**Digiti 1 Pedis sinistra
(1 week later – Follow up)**





SURGERY
AMPUTATION
BYPASS

INVASIVE
Another PTA with stent

ESC Guideline on PAD, 2017
Sherif M E. Journal ESC 2018

*after debridement
6 weeks later*



TAKE HOME MESSAGE

- VERY RARE means it COULD BE HAPPEN
- CLINICAL SCREENING – careful history taking
- PERSONALIZED MANAGEMENT
- MULTIDISCIPLINE COLLABORATION

On Admission - > 6 Weeks after → 3 months



**ONE YEAR AFTER
ADMISSION**



LEARNING POINTS

- CONTROL SLE –minimize inflammation, Recoil and dissection during POBA
- FLOW is our Priority when the inflammation is still high
- Dilate carefully, smaller balloon if in doubt and avoid multiple dilatation, make sure pts on steroid therapy & Check CRP

Katsanos et al, J Endovasc T 2016

LAST BUT NOT LEAST

- Wound Care
- Patients' Compliance for steroids
- Suggestion to keep walking
- Multidiscipline collaboration!

LINC



Vascular Working Group of Indonesian Heart Association

DANKE TERIMAKASIH

LINC 2020- LEIPZIG INTERVENTIONAL COURSE

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