

Video Live case

-complex FP lesion with severe CKD-

¹ Asahi General Hospital, Cardiology, Chiba, Japan, ²Radiology

©Naoki Hayakawa¹, Noriyoshi Ohki²,
Mikito Yazaki¹, Syunta Uesako¹, Syuichi Sahashi¹, Yuhei Kasai¹, Noriyuki Ishibashi¹,
Masataka Arakawa¹, Satoshi Hirano¹, Sandeep Sakya¹, Kotaro Miyaji¹,
Syunichi Kushida¹, Junji Kanda¹

Disclosure

Speaker name:

.....

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

Video Live Case

【Case】 A 50's male

【Chief Complaint】 Severe claudication

【Dx】 ASO (Rutherford-3)

【Past medical history】

HTN, DM, DL, OMI(post PCI), CKD

【Pre Cre/eGFR】

1.67 mg/dl, 34.7 ml/min/1.73m²

【ABI】

Rt 1.06, **Lt 0.73**

【Duplex echo】

Lt SFA proximal to distal(nearly P1) 100%

How to treat

#1 long SFA CTO

Proximal & distal landing (+)

Severe calcification(-)

**Treat “leave nothing behind”
strategy by DCB after
intraplaque wiring**

#2 Patient's background

1st time endovascular treatment

Claudicant

Relatively young patient

History of self-interruption

**Use contrast medium as little as
possible**

#3 CKD

To prevent renal insufficiency

Fluoroscopy - not stored
Image 10 / 10
15-Aug-19, 9:20 AM
00:01.20



Case Summary

① Bi-directional wiring with IVUS guided

➔ All intraplaque wiring within relatively short time

② Long balloon step up + additional scoring balloon + DCB

➔ Get sufficient luminal gain with small dissection

➔ To achieve “leave nothing behind”

③ Diluted contrast angioplasty

➔ Reduce the amount of contrast

medium without lowering the quality of intervention

Total contrast: **25ml**

Total DSA: **22**

Contrast per shot: **1.3ml**

Fluoro times: **65.3min**

DAP: **50.7Gycm²**

eGFR **34.7→40.5**

ABI(rt) **0.73→0.90**

Conclusion

- To use DCB after performing intraplaque wiring enables “leave nothing behind” strategy even though long CTO
- How to built retrograde approach is most important point
- Our diluted contrast angioplasty has a possibility of being useful for treating CKD patients.

- Thank you for your attention



Video Live case

-complex FP lesion with severe CKD-

¹ Asahi General Hospital, Cardiology, Chiba, Japan, ²Radiology

©Naoki Hayakawa¹, Noriyoshi Ohki²,
Mikito Yazaki¹, Syunta Uesako¹, Syuichi Sahashi¹, Yuhei Kasai¹, Noriyuki Ishibashi¹,
Masataka Arakawa¹, Satoshi Hirano¹, Sandeep Sakya¹, Kotaro Miyaji¹,
Syunichi Kushida¹, Junji Kanda¹