



# PERCUTANEOUS RECANALIZATION OF VERY LONG FEMORO-POPLITEAL CHRONIC TOTAL OCCLUSION

SINGLE CENTER PROSPECTIVE STUDY

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# INTRODUCTION

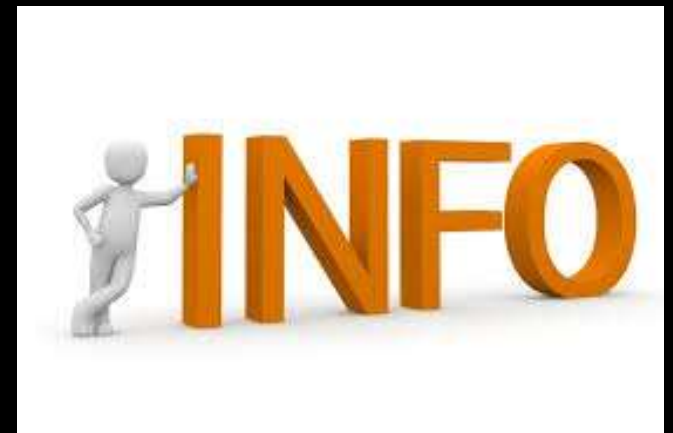
- Endovascular therapy = gold standard for “simple” femoro-popliteal arterial occlusive disease (angioplasty +/- stenting)
- Calcification ++ or very long ones = challenge (Surgery...)

→ BUT new endovascular techniques !!

→ Our experience : percutaneous recanalization of very long femoro-popliteal chronic total occlusions (> than 20 cm)

# MATERIAL AND METHODS

- January 2021 → April 2022
  - N = 34 patients
  - prospective review
- 
- End point: primary patency rate



# RESULTS

- 34 patients (36 limbs : 15L and 21R)
- 14 women (2 bilateral occlusions) and 20 men
- 64 years old (SD +/- 8,2 years)
  - Min 55 years old
  - Max 95 years old

# RESULTS

## RISK FACTORS

	HYPERTENSION	TOBACCO	DYSLIPIDEMIA	DIABETES
+	28	29	25	16
-	6	5	9	18

- hypertension : 77,7 %
- smoking : 80,5%
- Diabetes: 44,4 %
- dylipidemia : : 69,4 %

# RESULTS

## PREOPERATIVELY

RUTHERFORD 0	RUTHERFORD I	RUTHERFORD II	RUTHERFORD III	RUTHERFORD IV	RUTHERFORD V	RUTHERFORD VI
0	0	16	10	2	8	0

mean preoperative ABI was 0,53 (MAX 0,8 and MIN 0,25)

# RESULTS

- Mean length of occlusive lesion was 29.22 cm
  - MAX 50 cm
  - MIN 20 cm
- 21 Contralateral and 15 ipsilateral punctures
- 6 retrograde punctures
- predilatations (plain old balloon angioplasty POBA)
- Technical success rate 100%





# RESULTS

- ANGIOPLASTY/STENTING

4 PRIMARY STENTINGS	32 ANGIOPLASTY with DCB
4 drug coated stents	32 DCB alone
	18 BAILOUT STENTING
	- 11 dissections
	- 7 Recoils



# RESULTS

- Mean follow up = 4 months
- no death
- 2 minor amputations
  
- Primary patency rate 76%
- 9 reocclusions
  - 5 target lesion revascularizations (13%)
  - Mean time for reocclusion = 130 days (Max 307 d, Min 2 d)



# RESULTS

RUTHERFORD 0	RUTHERFORD I	RUTHERFORD II	RUTHERFORD III	RUTHERFORD IV	RUTHERFORD V	RUTHERFORD VI
20	2	2	0	0	1	0

11 NA...

mean postoperative ABI was 0,85 (MAX 1,2 and MIN 0,29)

mean preoperative ABI was 0,53

# CONCLUSIONS

- Percutaneous recanalization of very long femoro-popliteal chronic total occlusions is safe.
- Despite primary patency rate is good, vessel preparation has to be optimized to enhance it.
- Longer follow up is required.



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