Atherectomy with drug eluting balloon for common femoral artery occlusive disease: early experience

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Introduction

standard treatment for occlusive lesions of the common used to be femoral artery endarterectomy.

In recent years, interest for endovascular treatment of common femoral artery has been increasing¹.

Stenting of the common femoral artery is possible^{1,2}, however we believe it is better to avoid it. Calcified arterial lesions are not well treated with drug coated balloons alone³.

Vessel preparation with rotaatherectomy, followed tional by drug-eluting balloon usage, could be a good option. We report our early experience.

Methods

Between June 2021 and March patients with 26 of the diseases common femoral artery had been treated with rotational atherectomy followed by drug-coated balloon. They were reviewed prospectively.

Results

- 15 men 7 women
- Mean age 75 years old
- 86% arterial hypertension 55% smoking habit - 32% diabetes - 86% dyslipidemia
- 7 patients chronic kidney disease
- 18 legs preoperative Rutherford stage 3 peripheral arterial disease - 3 stage 2 - 3 stage 4 - 2 stage 5
- Mean preoperative ankle brachial index 0,69
- Mean length of the lesions 4,2 cm
- All lesions heavy calcified
- 3 chronic total occlusions
- All procedures under local anesthesia
- 19 controlateral common femoral puncture

- 7 ipsilateral superficial femoral puncture
- No filter
- Technical success rate 100%
- 1 asymptomatic embolization in a deep femoral side branch
- 1 death after one month following cardiac decompensation
- 2 patients with none-ST-elevation myocardial infarction, 1 on the 1st and 1 on the 30th postoperative day
- 2 patients with false aneurysm at the puncture site
- Mean follow up 4 months
- Primary patency rate 100 %
- All patients with decreased Rutherford stage peripheral arterial disease

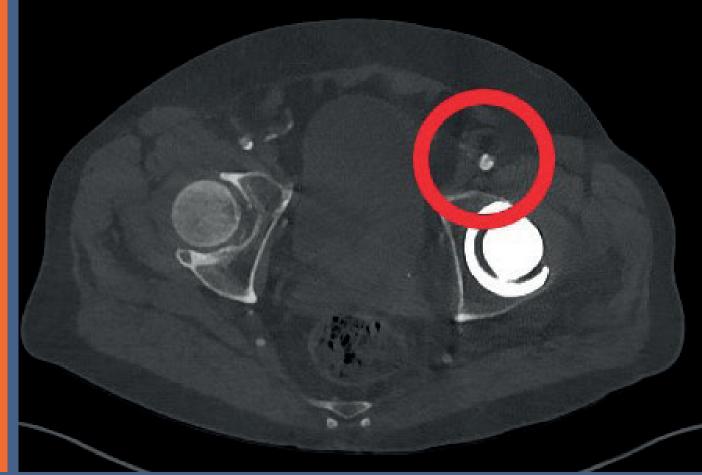
Conclusions

results have that rotashown atherectomy tional with drug-coated balloon angioplasty for common femoral artery calcified occlusive disease is feasible and safe.

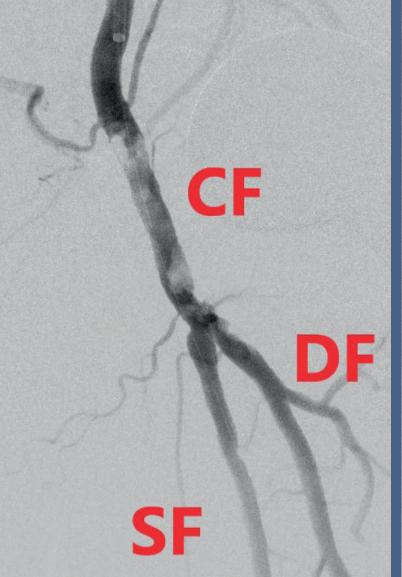
It has the advantages of avoiding the potential complications of surgical treatment, and of leaving nothing behind (no stent).

Long term results will be required.

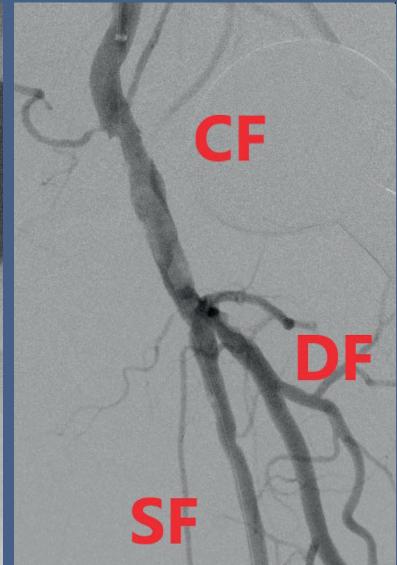
2022, 22 occlusive











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