

Chronic limb-threatening ischemia in nonagenarians : specific issues

Kerzmann A, MD¹, Laurent E, MD², Bouffioux L, MD², Tchana-Sato V, MD PhD¹

¹ Cardiovascular and Thoracic Surgery Department, CHU de Liège, Belgium

² Vascular and Thoracic Surgery Department, CHR de Verviers, Belgium

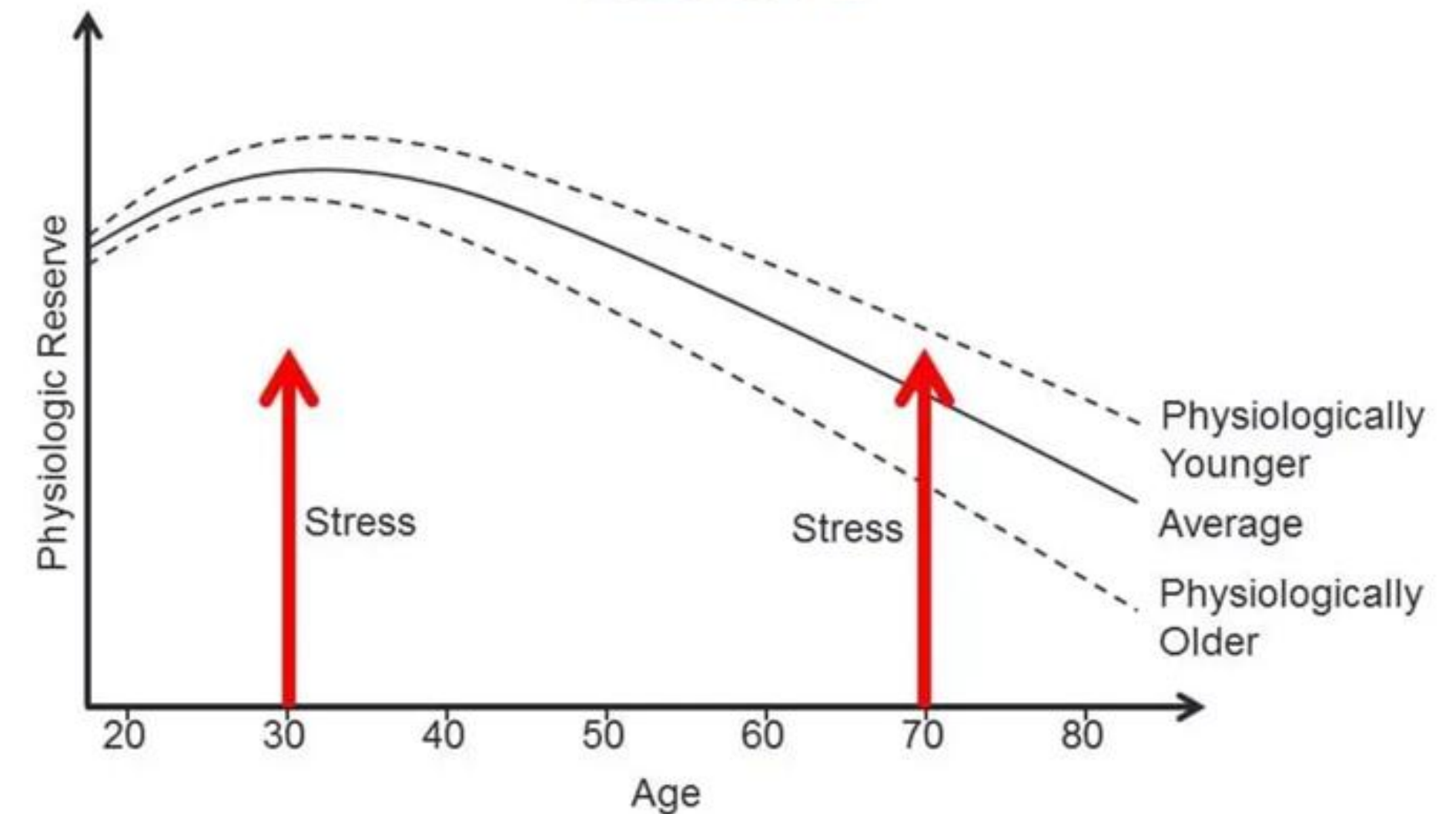
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Background

- Invasive procedures by nonagenarians may lead to quick decompensation, unspecific complications and prolonged time to recovery, promoting major functional decline.

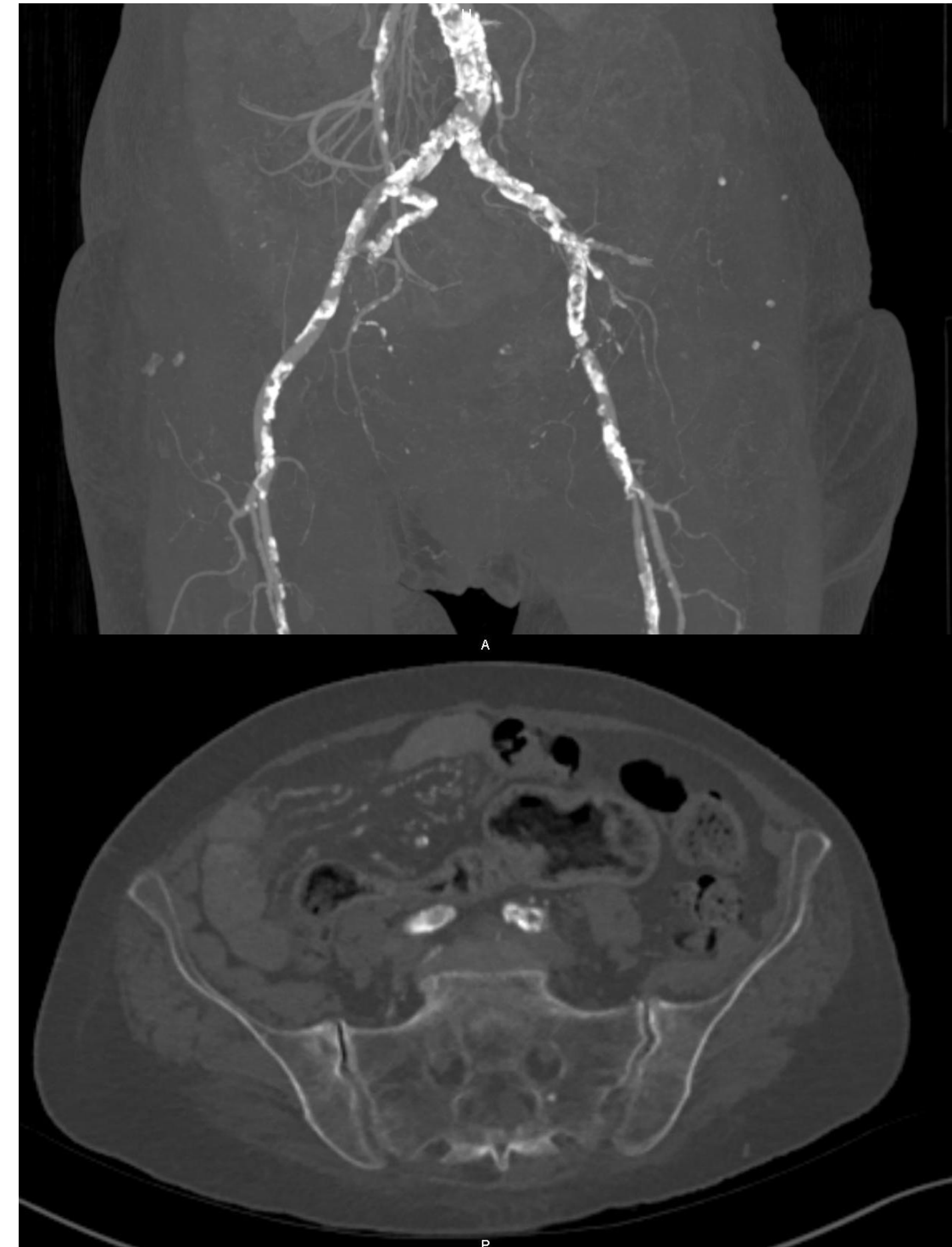
Age is a Marker for Loss of Physiologic Reserve



- We report one case of chronic limb-threatening ischemia (CLTI) in nonagenarian's patient, highlighting related specific issues.

Case presentation

- 92-year-old woman
 - both sides Rutherford stage 5 CLTI
 - left lower limb rest pain since 3 weeks
 - arterial hypertension, type 2 diabetes
 - stage 4 chronic kidney disease
 - right 2nd toe amputation 2 years earlier
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- **CTA : calcified left iliac arterial axis occlusion, as well as stenosis of the right iliac arterial axis and both superficial femoral arteries.**



Endovascular treatment

- general anesthesia
 - percutaneous left iliac arterial axis recanalization : *Asahi Halberd™ 0.018* and *Terumo Navicross™*
 - predilations : *BD Ultraverse™ 4 mm*
 - stenting of both common and external iliac arteries : *iVascular iCover™ 7 mm* for kissing stenting and *iVascular Restorer™ 7 mm* and *6 mm* downstream
 - 20 ml of iodinated contrast agent
 - no complication
- the left lower limb rest pain disappeared and the wounds on both feet could heal



Take-home message

- Percutaneous endovascular therapies by nonagenarians allow **less invasiveness and procedure's stress**, facilitating **patients tolerance** and **quick recovery**.
 - It can be realized under local anesthesia.
 - Kidney function can be preserved.
- Percutaneous endovascular treatments are effective and well adapted to very old patients.