



Iliac recanalization for CLTI

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ivs

Let Knowledge Flow,
from Mind to Limb

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iVascular
therapies for living

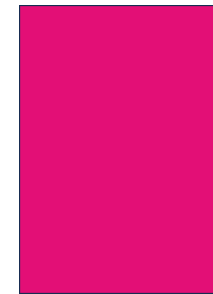
Case introduction

- 92-year-old woman
- quite good general condition
- hospitalized in the geriatrics department
- 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

What do you do ?



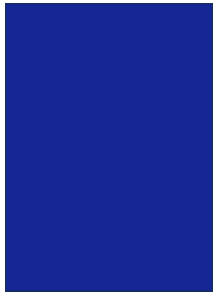
**nothing,
she is too old**



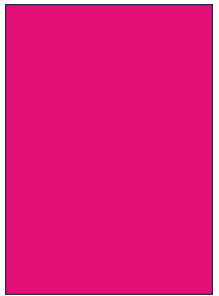
revascularization

Case introduction

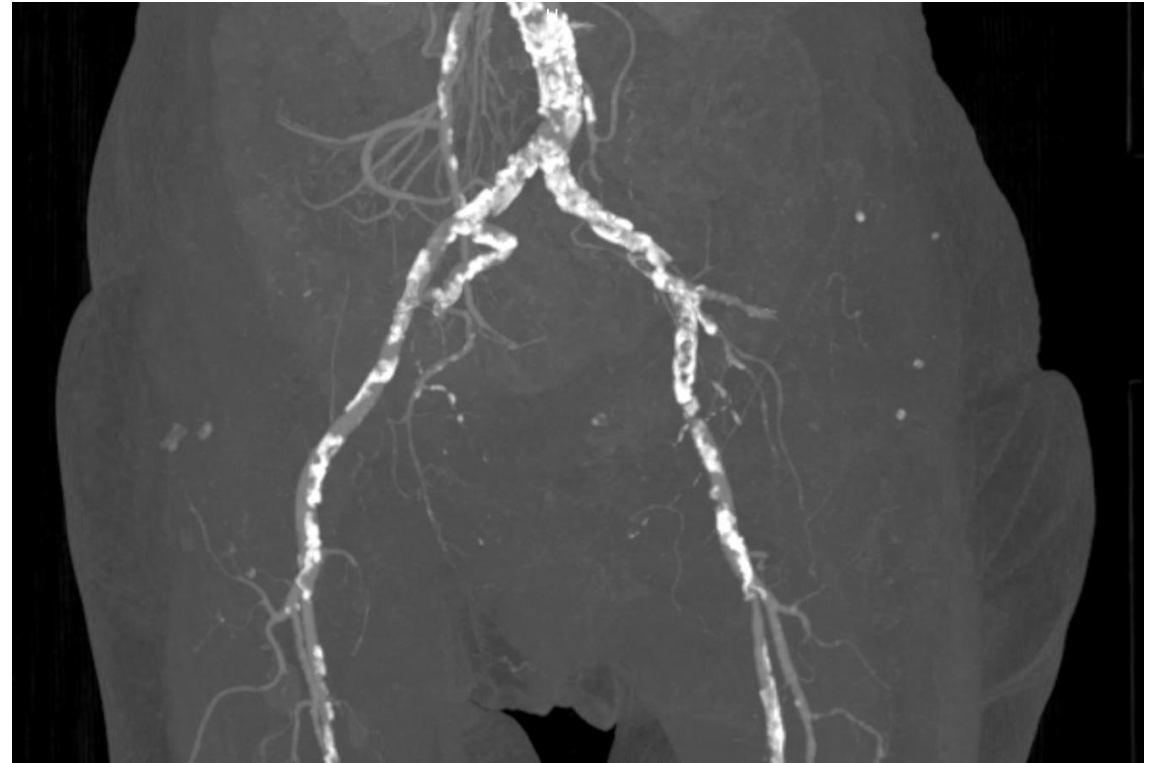
- angiographic assessment



duplex ultrasound
followed by intra-
arterial angiography
in the OR



computed
tomography
angiography



Case introduction

- computed tomography angiography

- calcified left iliac
arterial axis occlusion

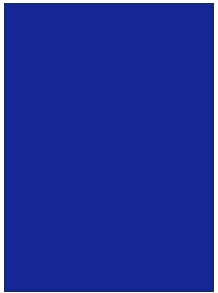
- stenosis of the right
iliac arterial axis

- stenosis of both superficial
femoral arteries

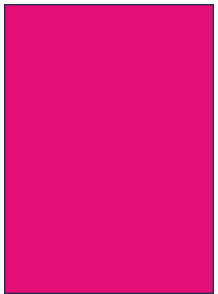


Treatment approach

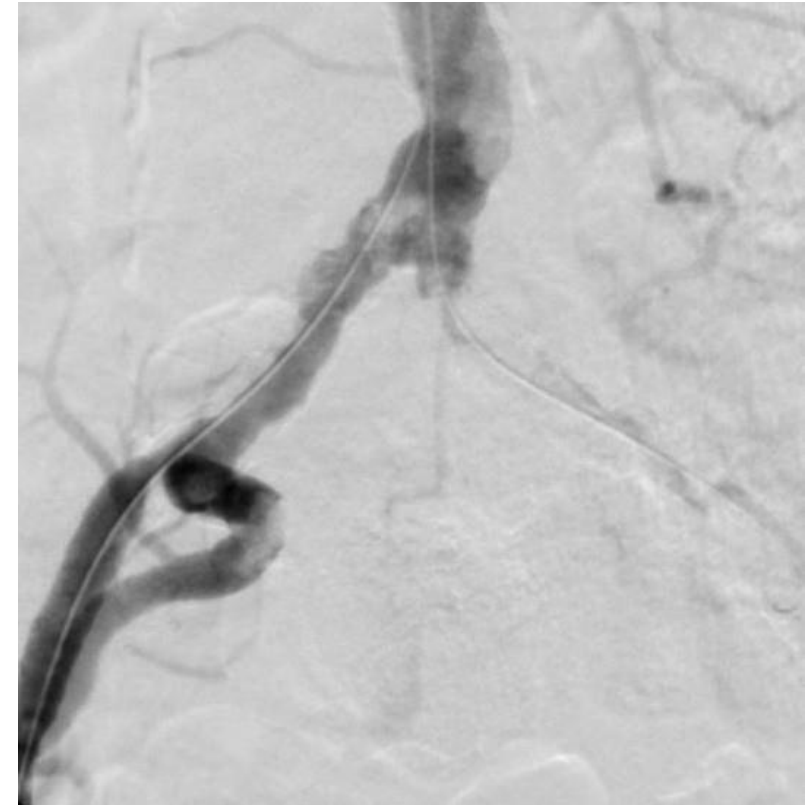
- What could be your strategy ?



full endovascular
percutaneous treatment



hybrid or open surgery



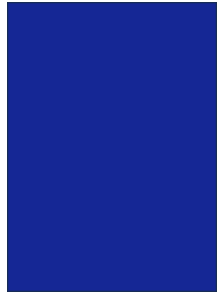
Treatment explanation and images

- general anesthesia
- 6 French sheath both sides
- 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



Treatment approach

- for the external iliac arteries stenting :



I would have done the same with the Restorer™



No, I would have prefer a self-expandable stent like the iVolution Pro™

Final results

- final angiography :



no complication
resolution of the pain
discharge to home

- follow up :
 - after 1 month, healing of all wounds except one on the left side
 - after 4 months, osteoarthritis of the first left metatarsophalangeal joint leading to first toe amputation
 - after 8 months, no pain and no wound, patient at home

Conclusions

- Percutaneous endovascular treatments are effective and well adapted to very old patients, allowing less invasiveness and procedure's stress, facilitating patients tolerance and quick recovery.
- Good strategy needs good angiographic assessment.
- It can be realized under local anesthesia.
- Kidney function can be preserved.