

Intervention for Complex Femoropopliteal CTO Lesion

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Long –Segment Femoropopliteal Disease adds complexity to Already Challenging SFA Environment

- **Mechanical factors**
 - Restoring adequate blood flow through 20+cm of disease
- **Physiological factors**
 - Not possible to resuscitate a long, ischemic vessel
 - Less resistance to flow into profunda and its collateral system vs re-vascularized SFA
- **Procedural factors**
 - CTO fail-to-cross very common, unless operator is expert



CASE 1

46/M , non-DM , heavy smoker

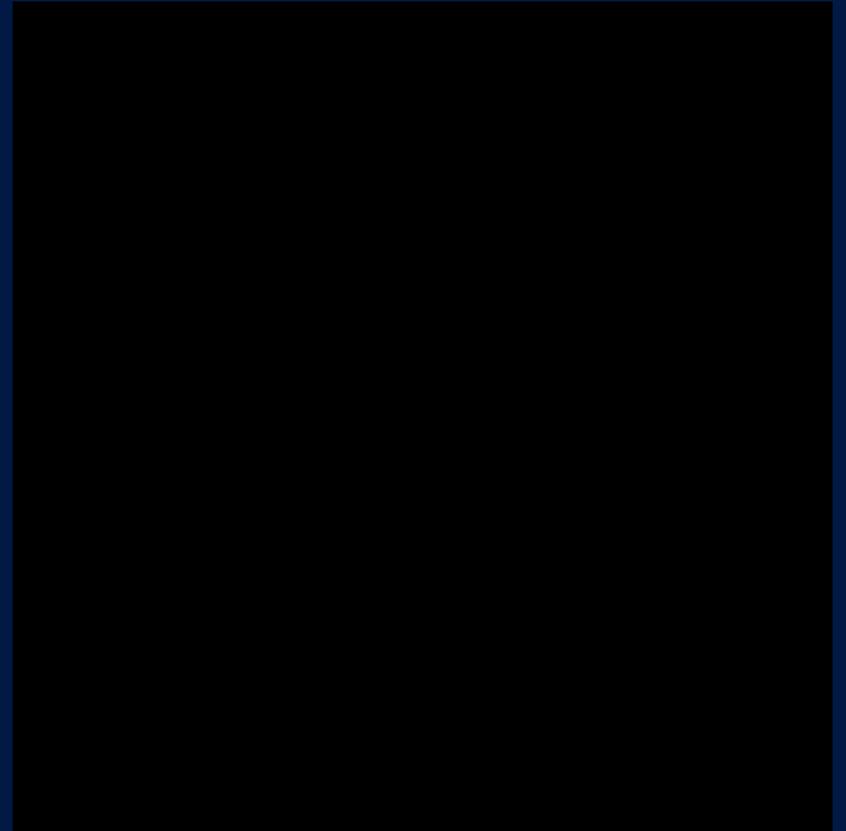
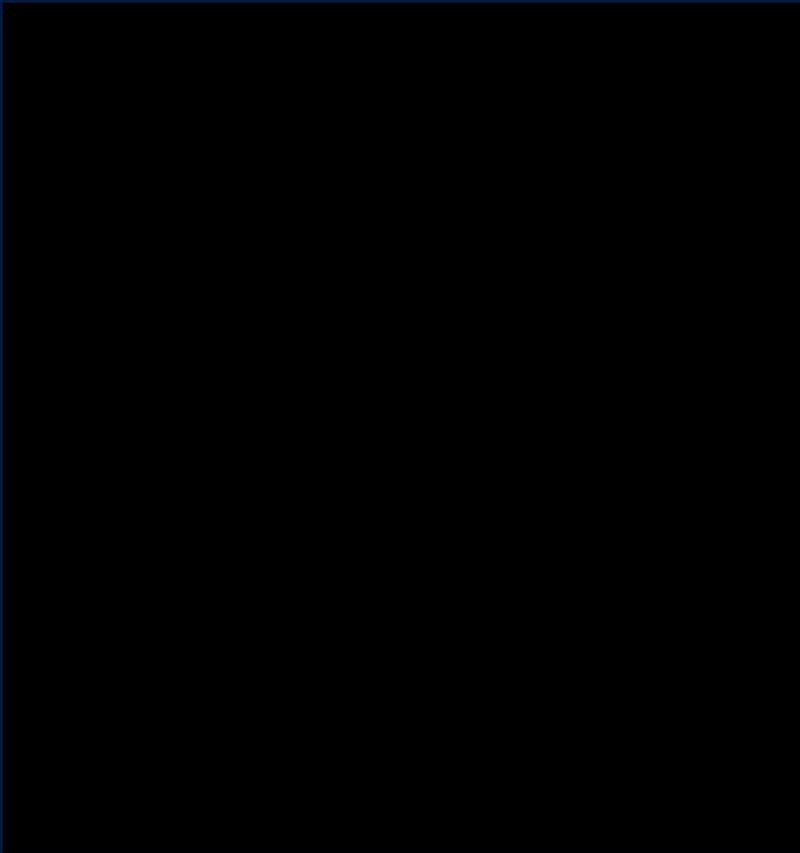
- Past medical history -

- He was performed bypass graft surgery (from femoral artery to post. tibial artery, in 2016. 5. 11)
- His vascular risk factor is smoking and dyslipidemia.

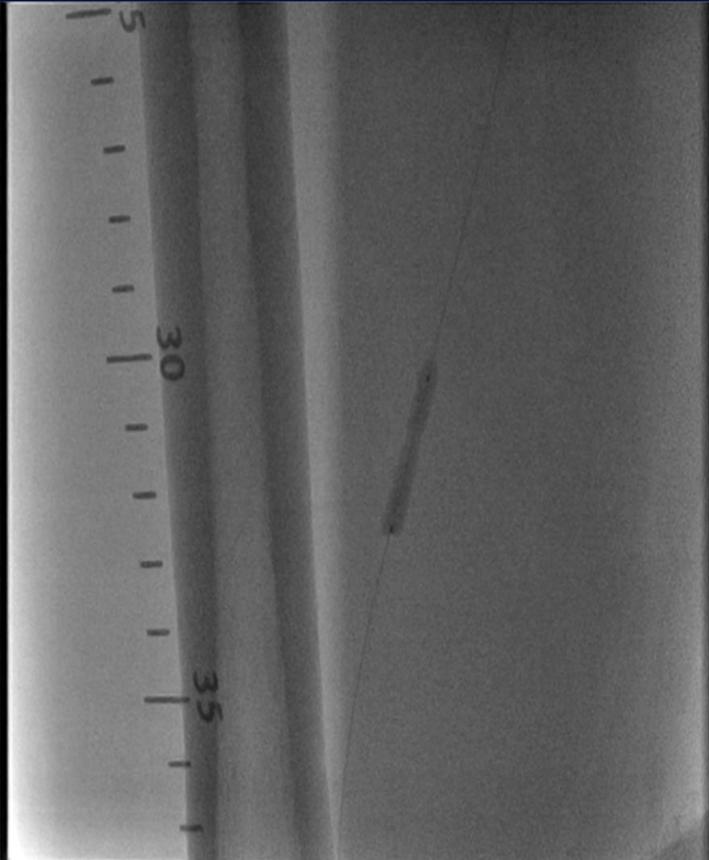


Claudication recurrence

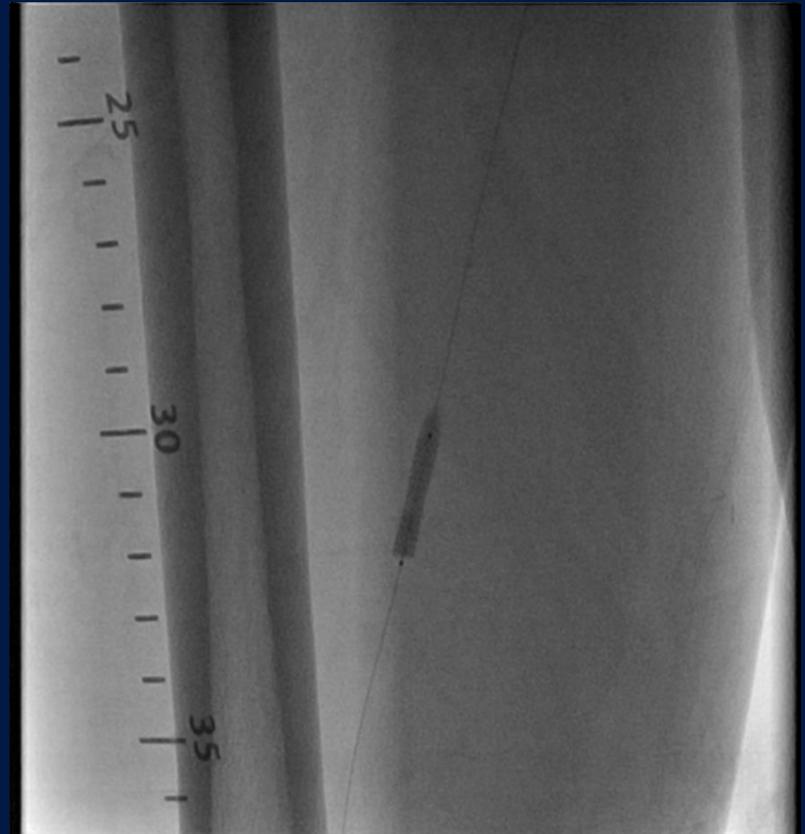
Angiography (2017. 3. 24)



Angioplasty in vein graft

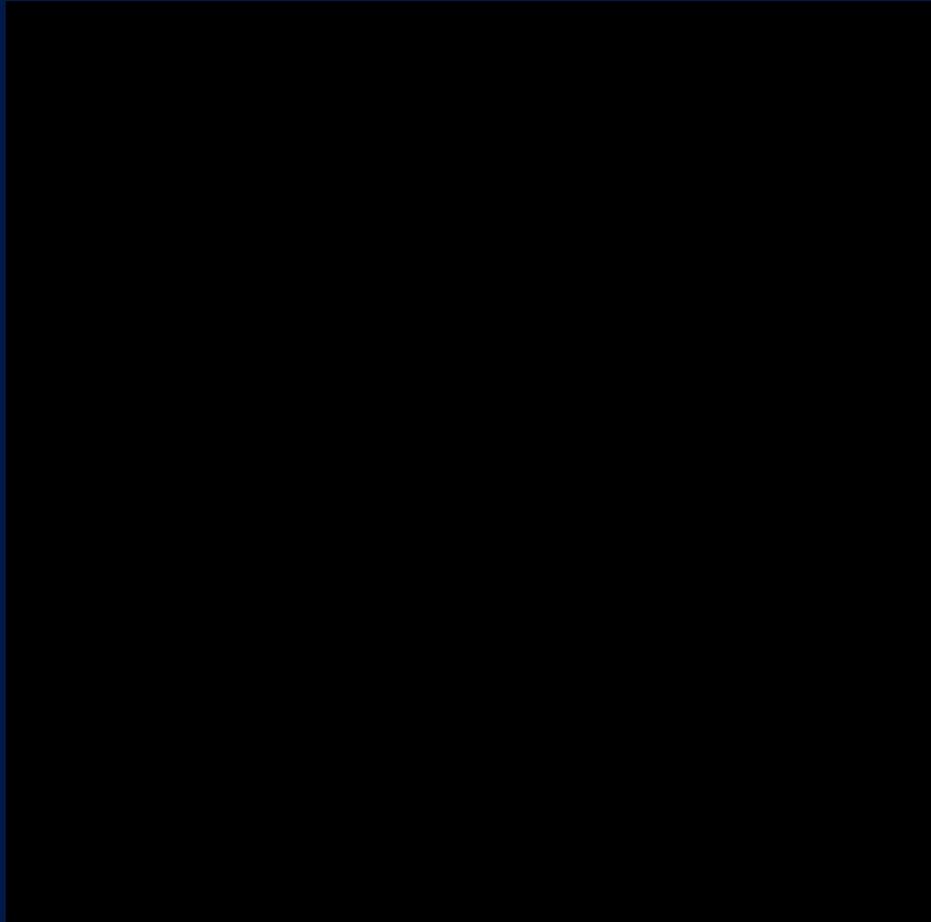


Balloon 2.50 x 25



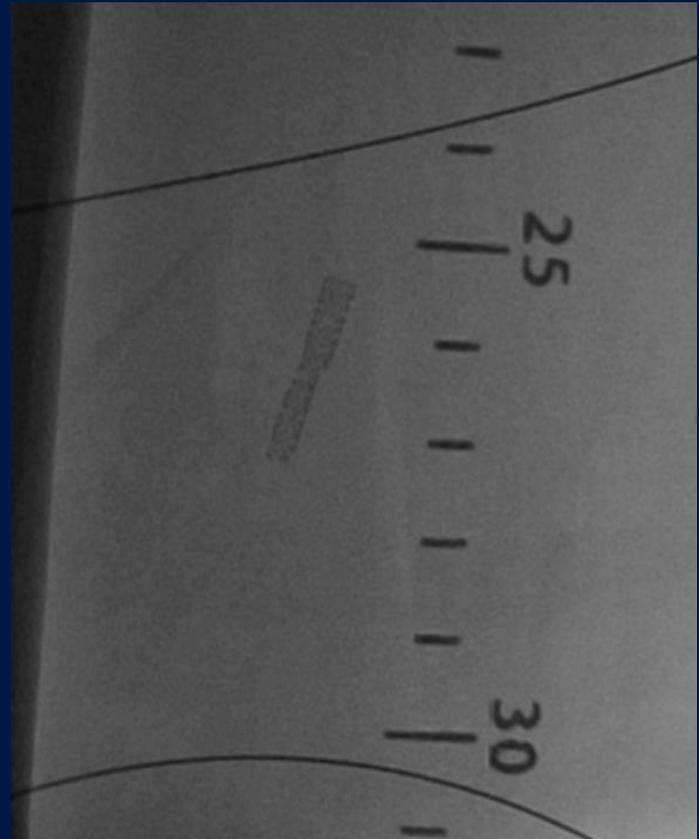
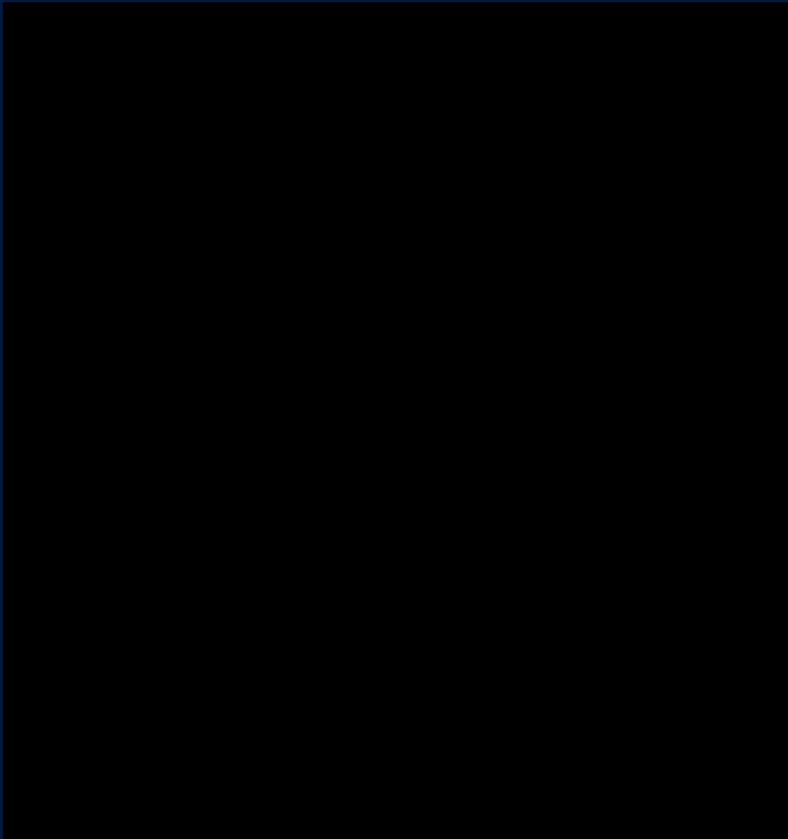
**Endeavor coronary
stent 3.0x 24**

Angiogram after stent implantation



Leg coldness and claudication

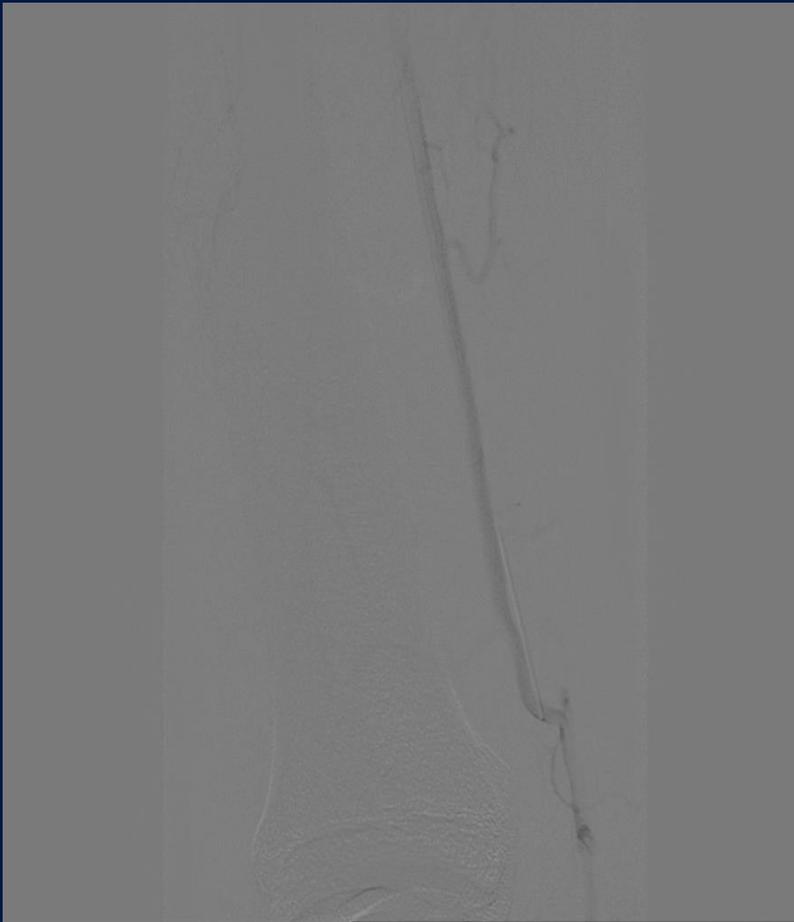
(2018. 5. 16)



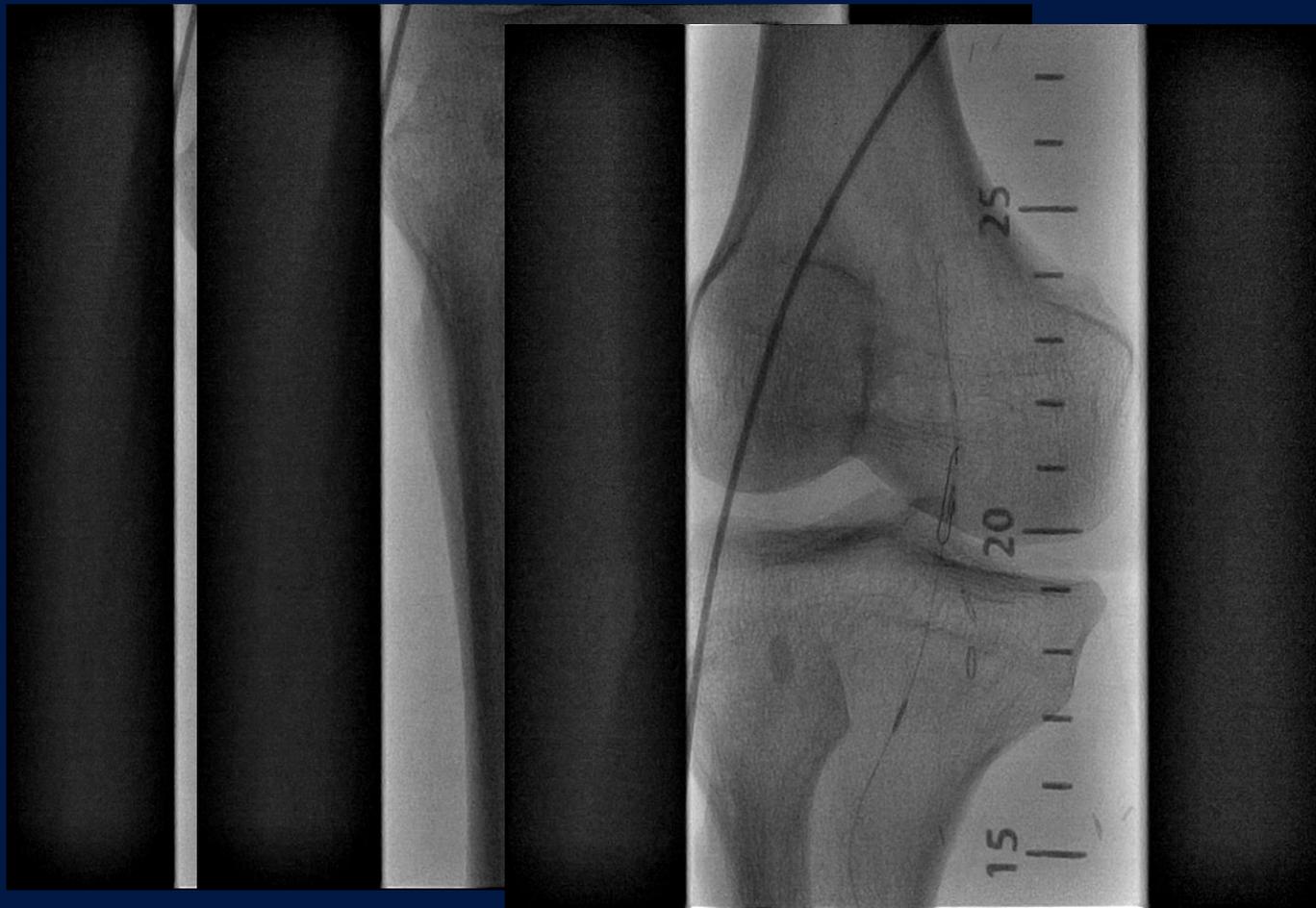
Stent fracture noted

Retrograde Approach

PTA puncture



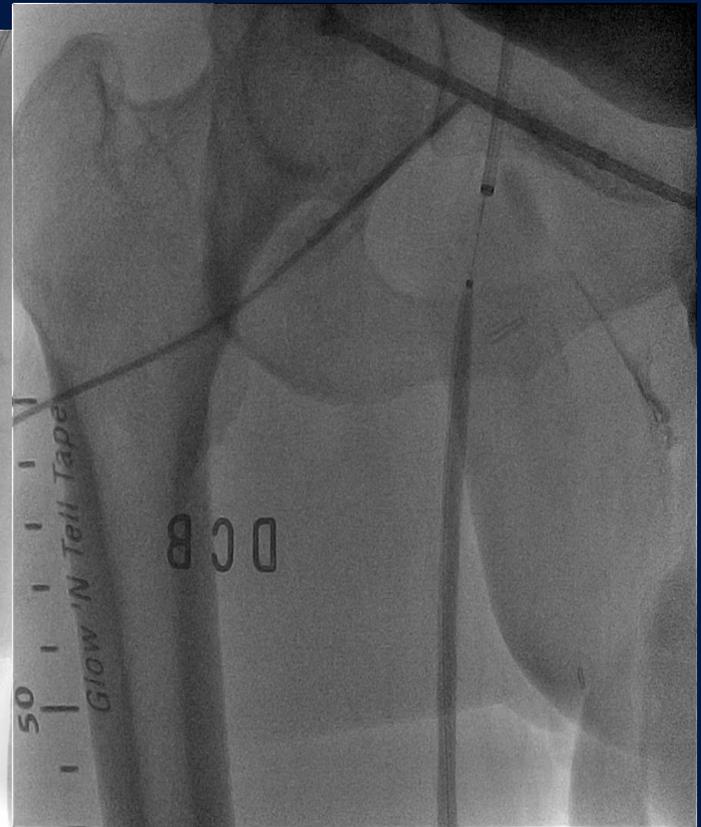
Retrograde Approach



Antegrade Approach



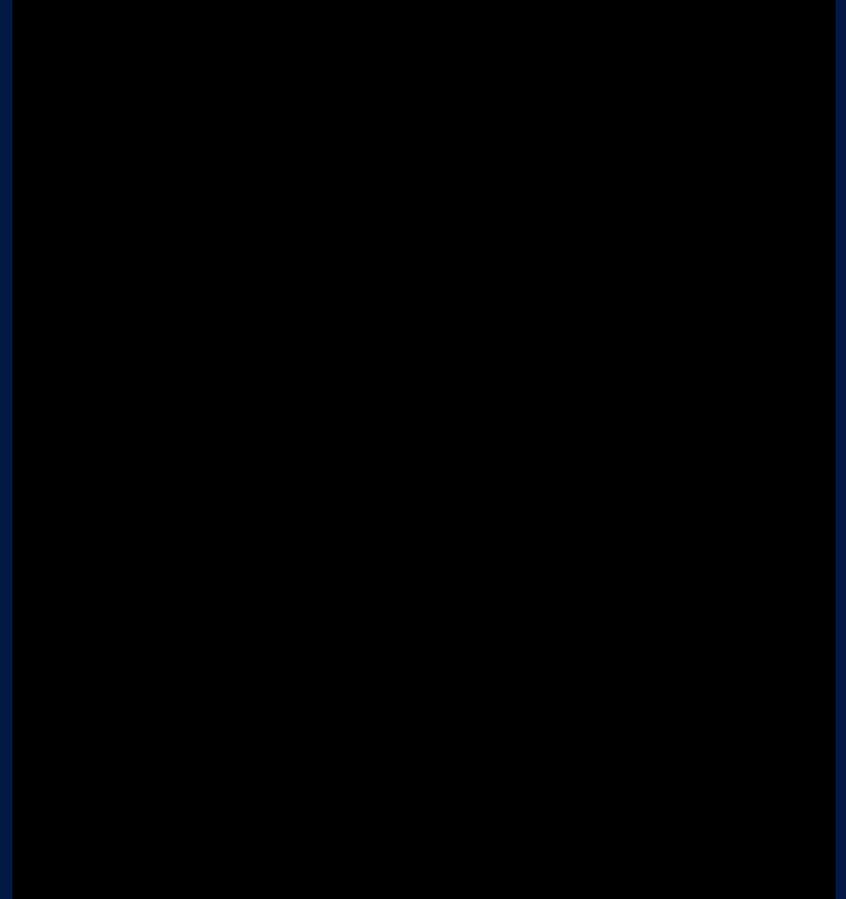
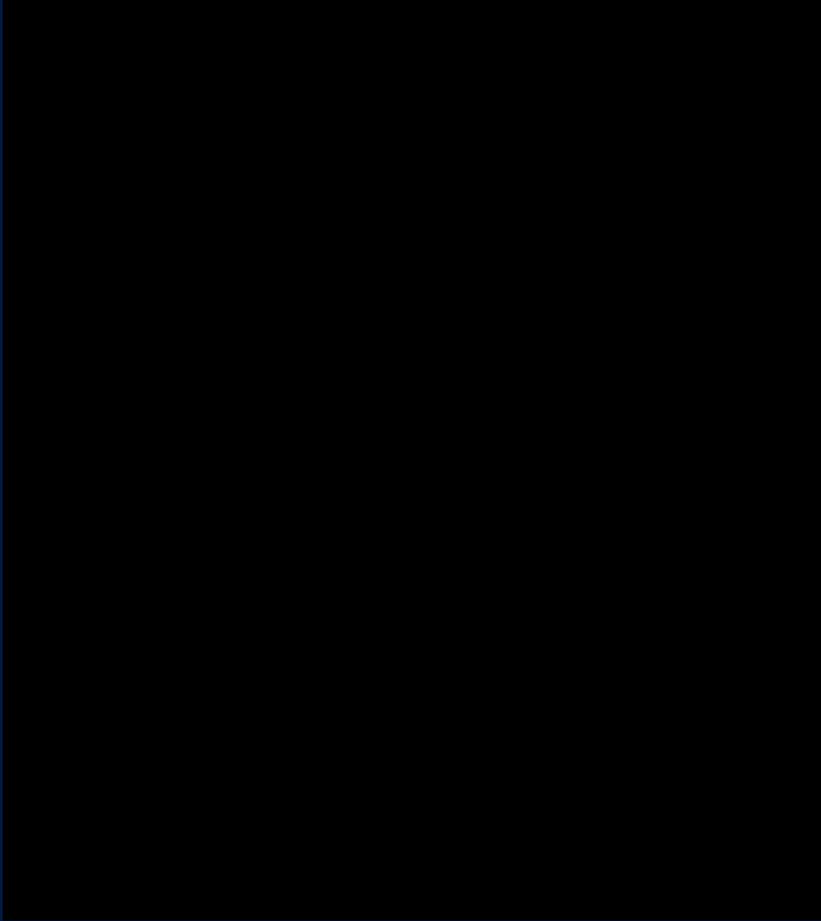
Balloon Angioplasty



In. Pact DCB 5.0 x 150

In. Pact DCB 6.0 x 150 ,

Final angiogram



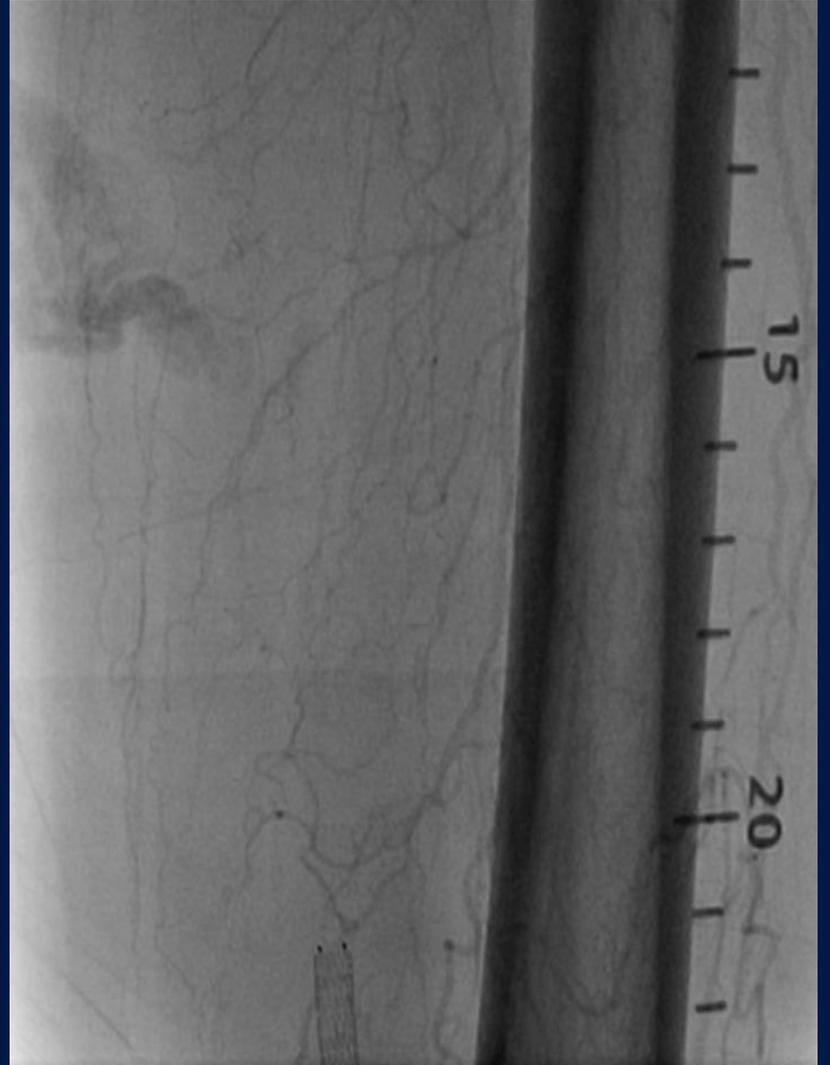
CASE 2

80/M , DM , CKD5 (HD)

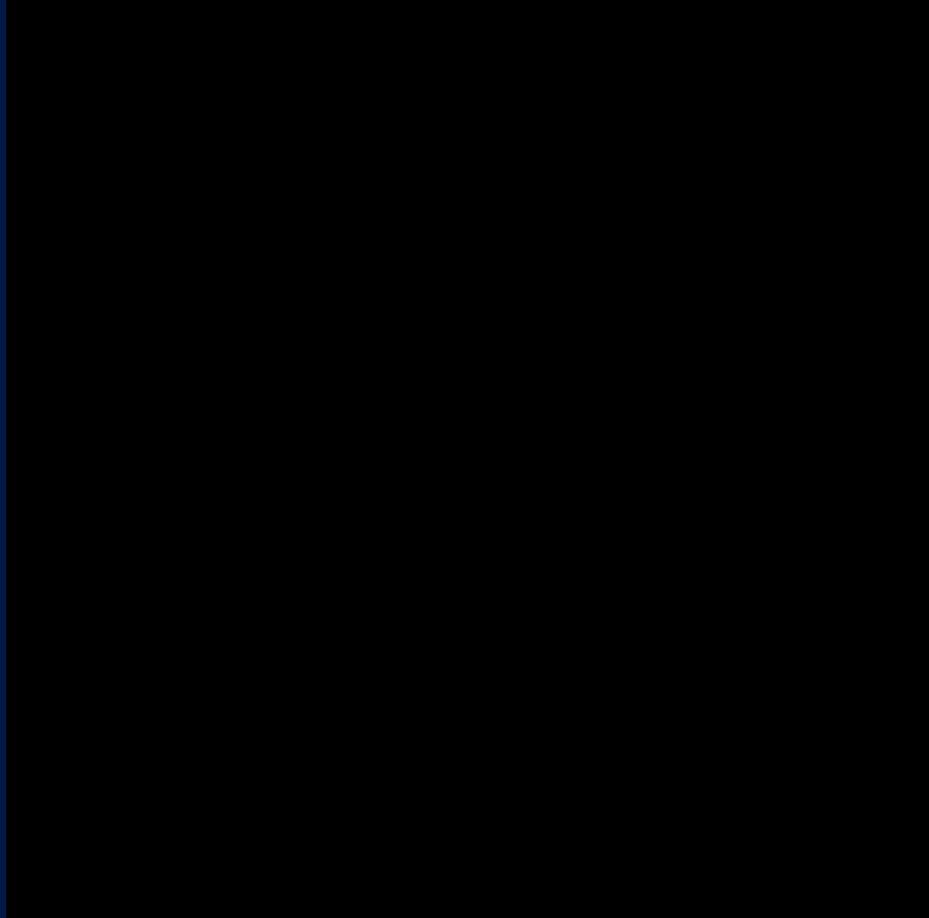
- Past medical history -

- He was performed EVT for SFA and BTK lesion 3YR ago.
- He presented for Lt. foot ulcer.





Initial angiogram



Retrograde Approach



Angioplasty





Conclusions

- **Doppler ultrasound is sometimes useful to access ostial lesion and intraluminal approach**
- **We try to use all various techniques for revascularization including subintimal angioplasty, tibial puncture, and retrograde wiring.**