


Tips and tricks for optimal angiographic imaging of BTK and foot arteries

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The logo for LINC (Lung and Intensive Care Network) is located in the top left corner. It features the letters 'LINC' in a white, sans-serif font, with a stylized graphic of a red and orange flame or ribbon shape to the left of the text.

DISCLOSURE:

Marco Manzi, MD

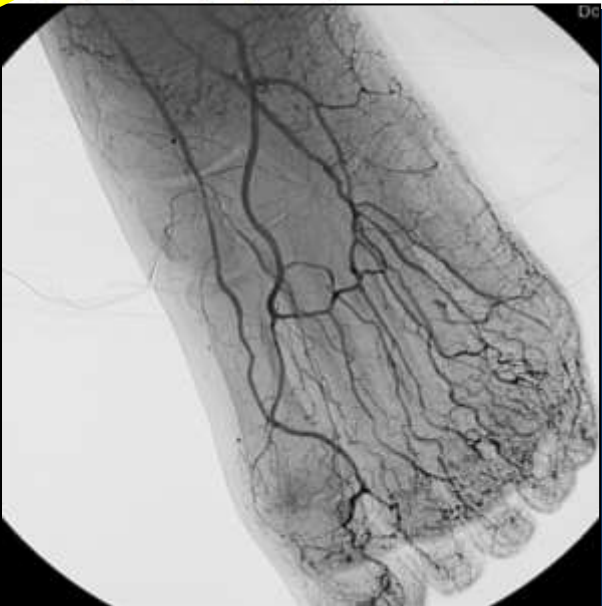
- | | |
|-------------------------|------------|
| •Abbott Vascular: | Consultant |
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Vascular Imaging of the Foot: The First Step toward Endovascular Recanalization

**2011: ICM Visipaque 250;
2021:CO2 in all CLTI DM Patients;**

TEACHING POINTS
See last page

... Luis M. Palena, MD • Jose ...
... Roberto Ferraresi, MD



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A correct Imaging starts with...

- Correct patient Position;
- Foot and leg position;

We need to Standardize angiographic studies and train our brain recognizing and looking for potential anatomical variations in order to be effective in reaching the foot avoiding dangerous recanalization attempts on muscular and cutaneous branches

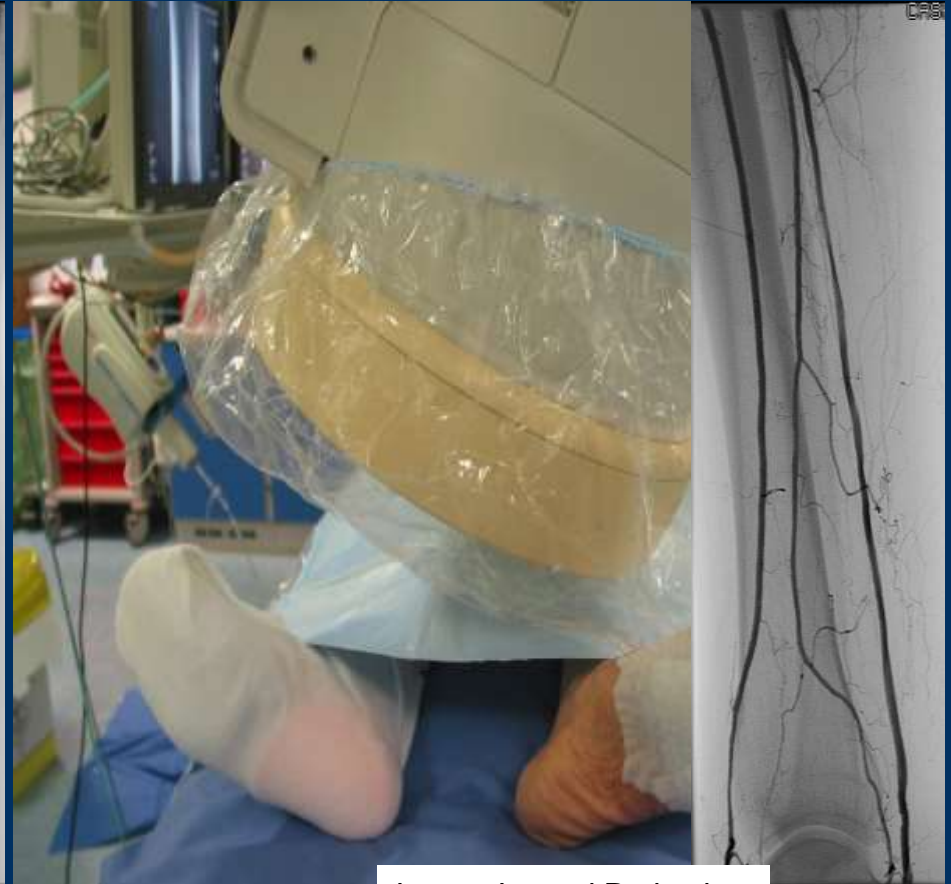
Foot orientation and Fixation is really important. Try to spend a little bit of time to achieve it

We will try to perform the same correct RX projections and same contrast medium or CO2 injections and 2D perfusion angiograms as well

Radiological Projections: CALF = TIBIAL Arteries

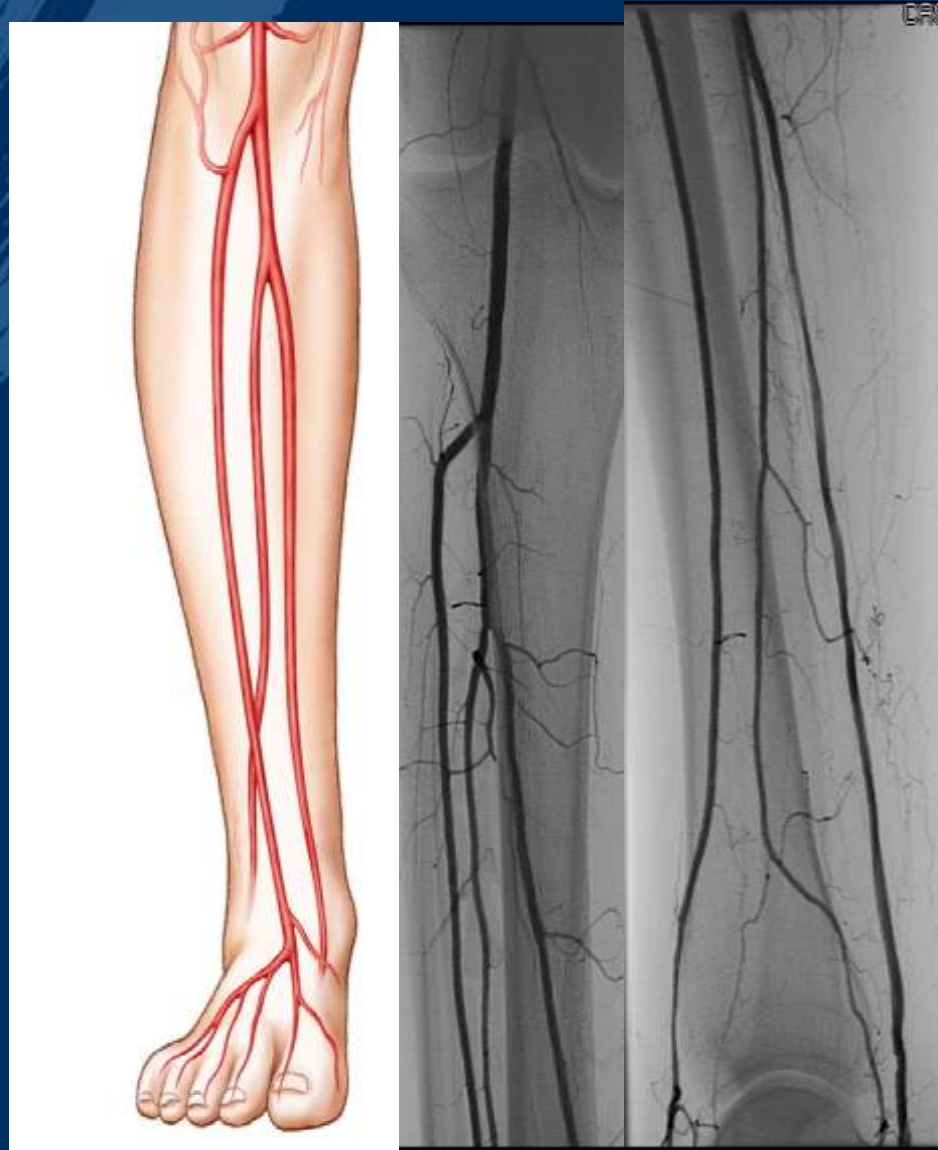


External Oblique Projection

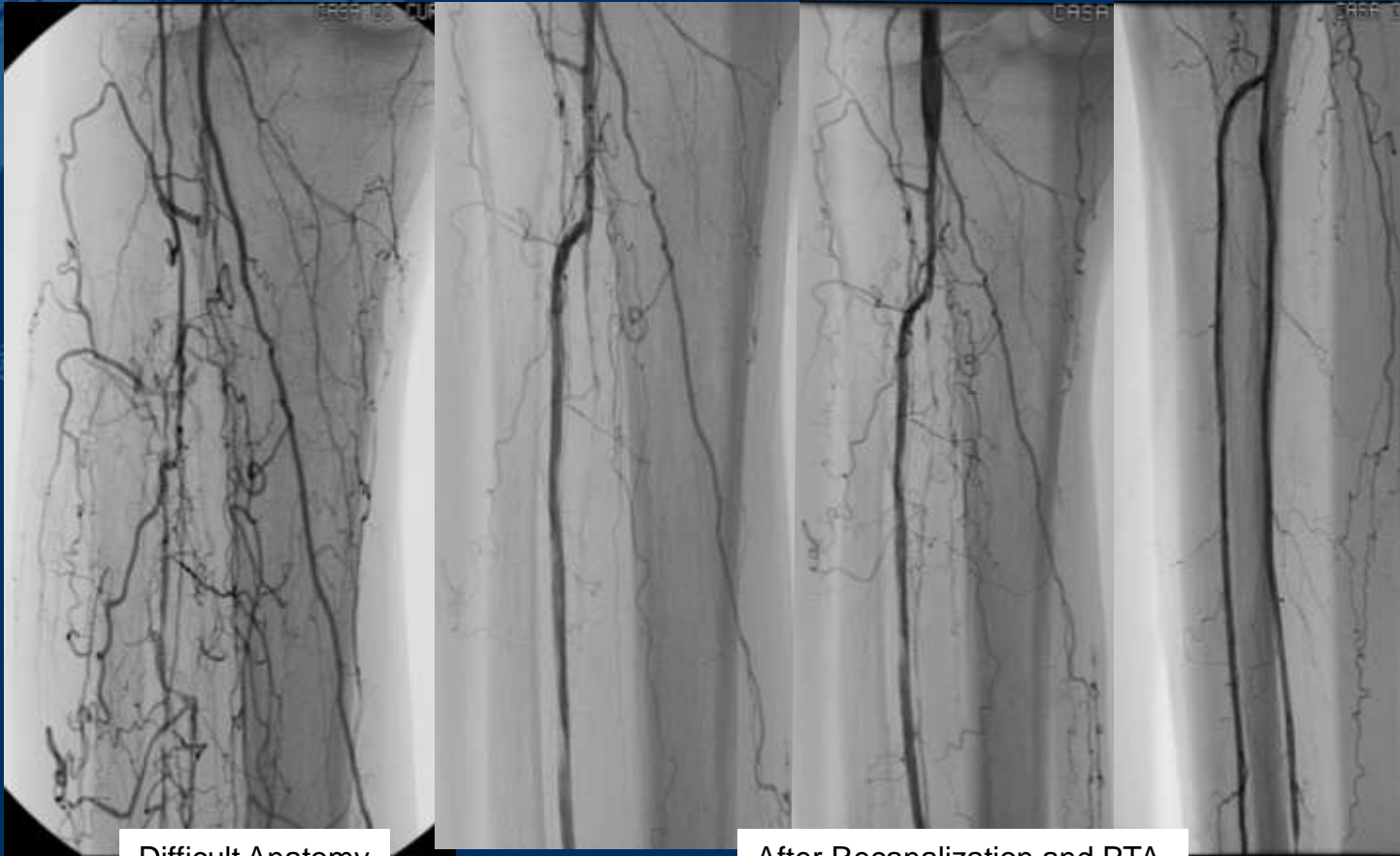


Latero-Lateral Projection

Calf: Normal Tibial Arteries



Calf: Towards Anatomical Variations



Difficult Anatomy

After Recanalization and PTA

Calf: Anatomical Variations



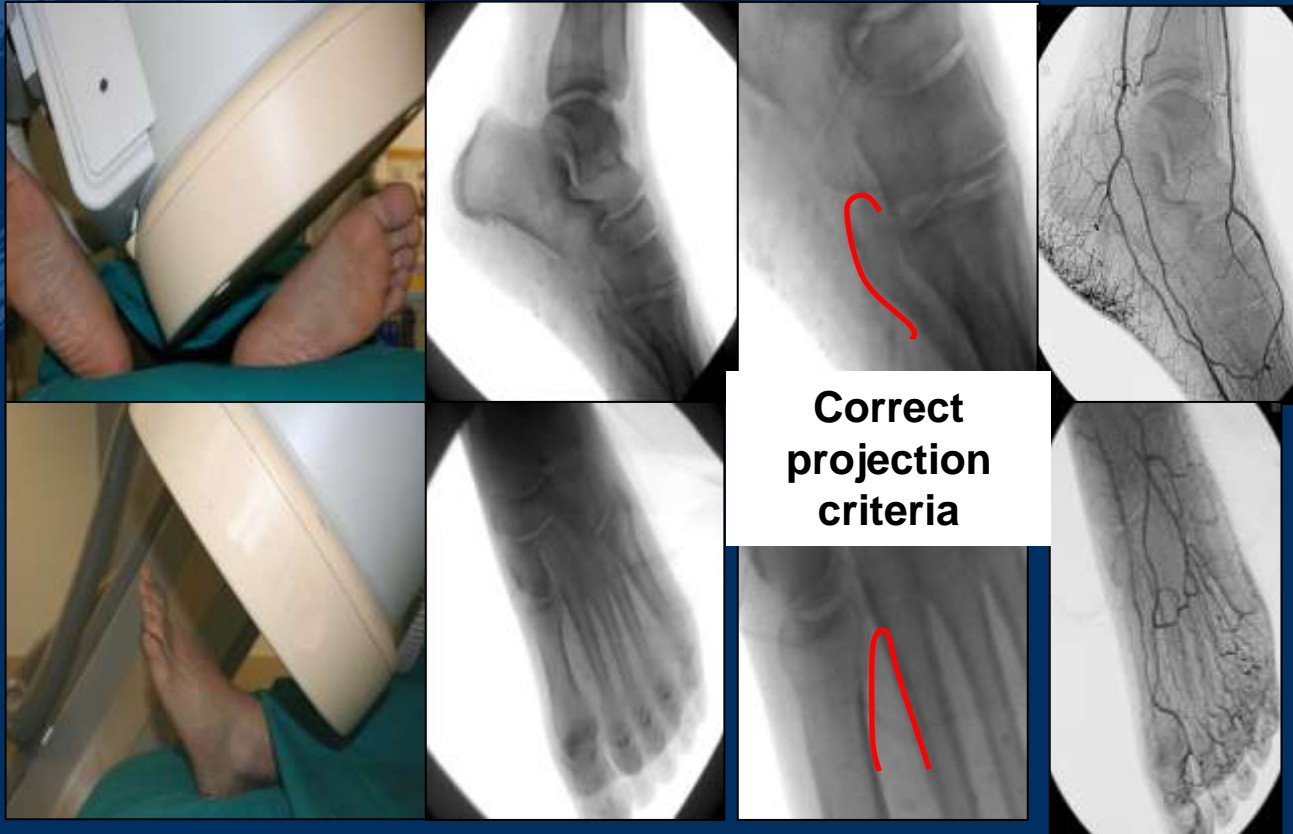
Trifurcation 2%

High Origin of Anterior Tibial 5

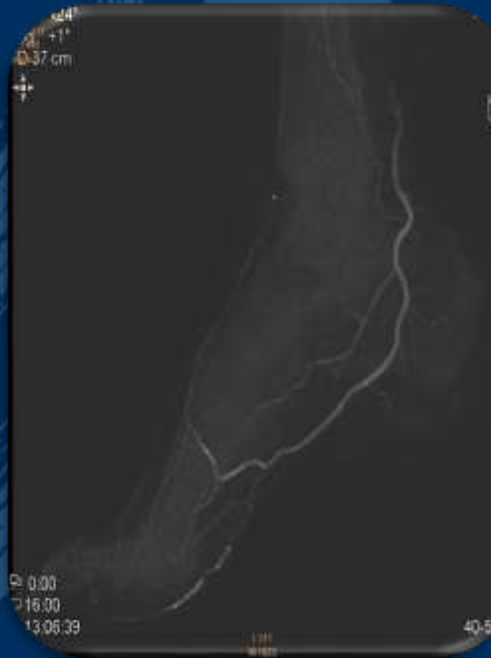
High Origin of Posterior Tibial 4-%

Short TibioPeroneal Trunk 3%

Foot: Rx Projections



20 ml
120 mm Hg



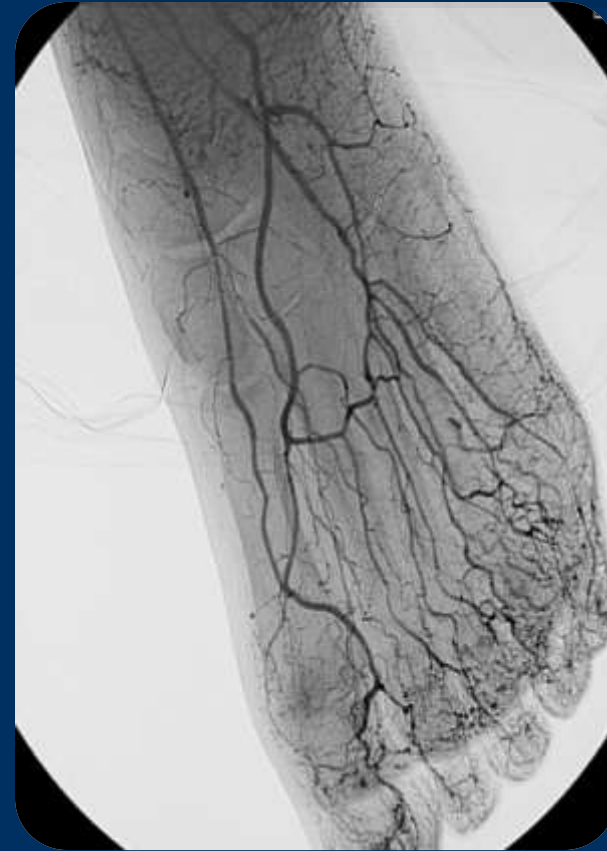
05-2017
3/22/1931 M
8/23/2017
1:58 PM
Run 27 - Frame 1 / 51

70kV, 4mA
Zoom 100%

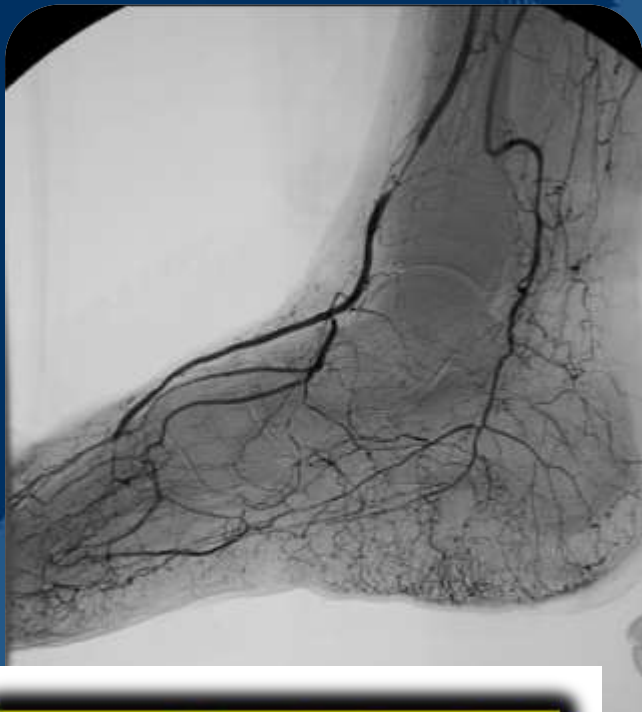
LAO 21.8°
R 0.4°

L 511
W 1023

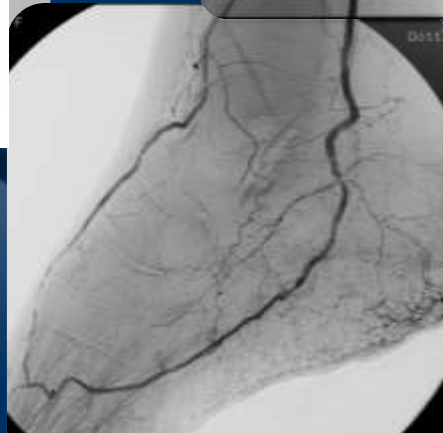
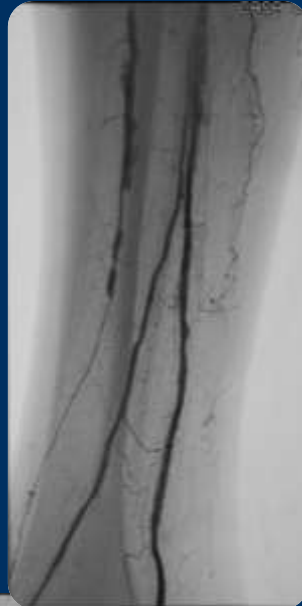
**Distal distribution pattern:
3150 studied legs**



94.8% Standard distribution:
"balanced circulation"



1.9% Posterior dominant
PER artery



2.4% Anterior dominant
PER artery



0.9% "Single" PER
artery

**Dominant dorsalis
pedis artery**

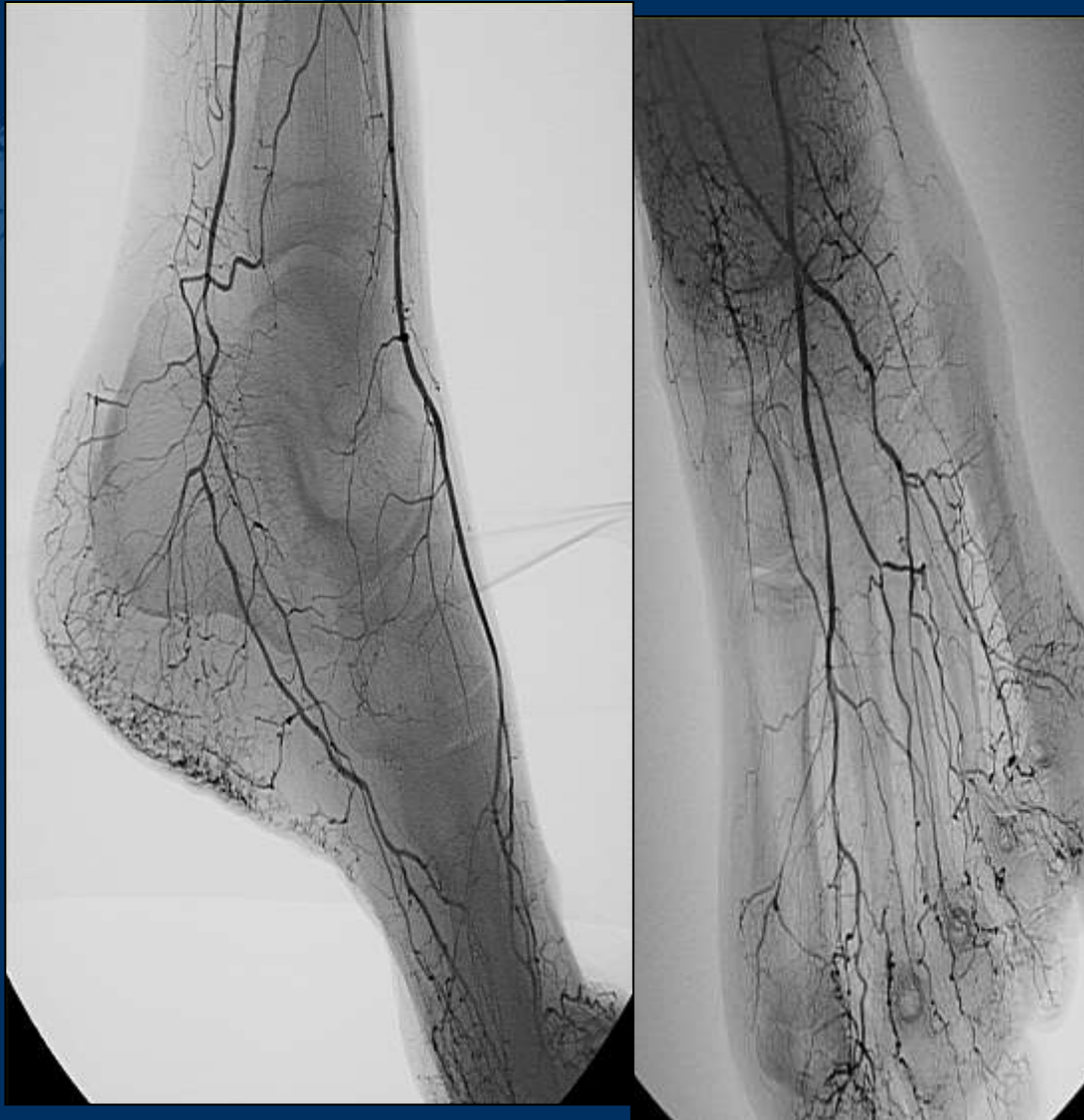


**Dominant lateral
plantar artery**



**Balanced
circulation**





Absence of plantar arch.

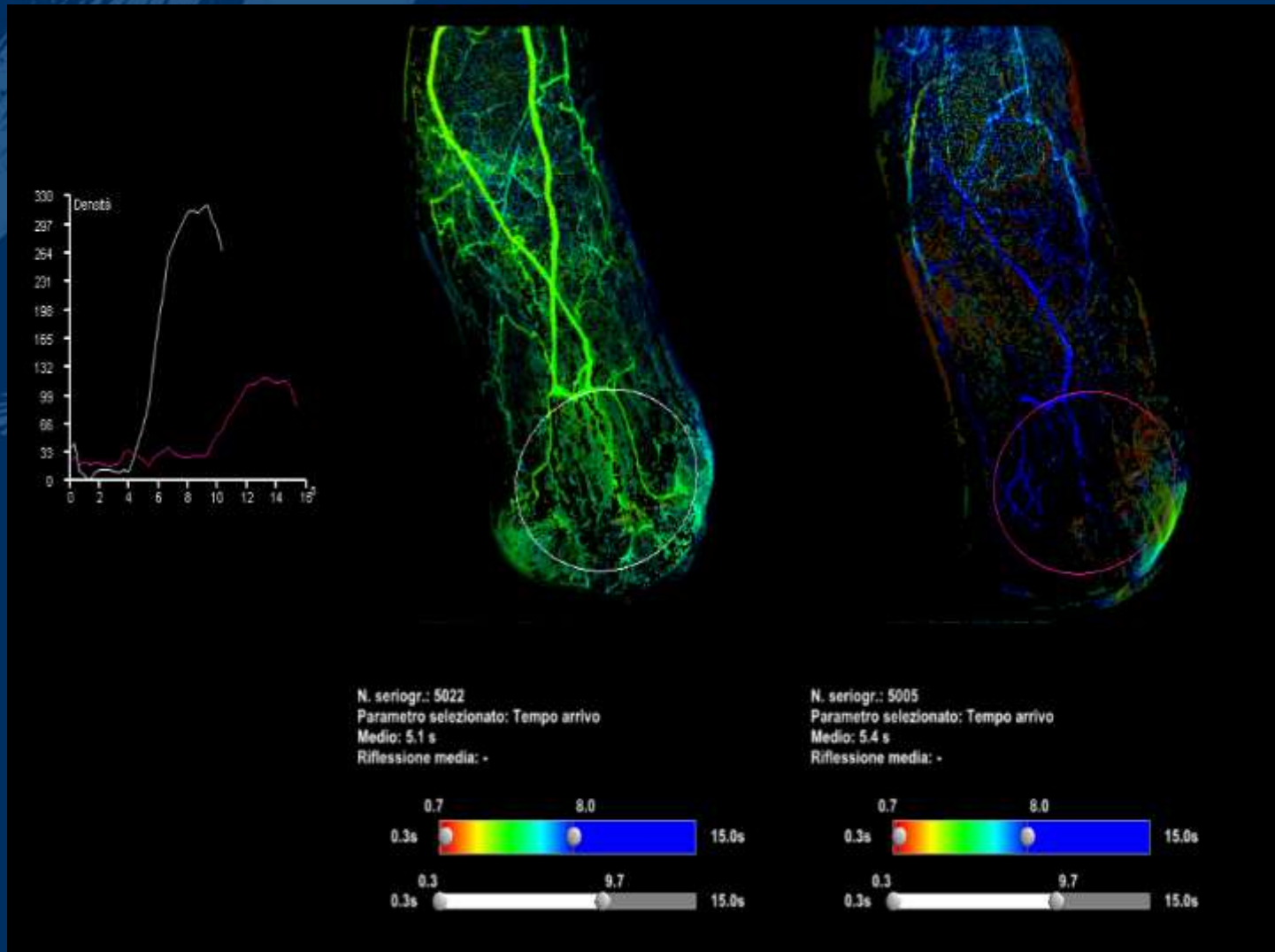
The tarsalis pedis is the predominant artery for the I and II toe.

The lateral plantar artery, is the predominant artery supplying the III, IV and V toe.

Foot: Always Working in Two projections: Lateral and PA



Value of Perfusion Angio: relates with healing rates



Marco Manzi & Mariano Palena



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Dr. Mariano Palena
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IMITHI SRL CEO
Event Manager



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