

Case 09 Guangzhou 1:

Male, late 60s (J-C)

**Subacute occlusion of the left SFA
and left popliteal artery**

Operators: Guangqi Chang, Zilun Li

Case 09 Guangzhou 1:

Male, late 60s (J-C)

- **Patient presentation:**
 - Male
 - Late 60s
- **Risk factors:**
 - Hypertention
 - Cerebral infarction
 - Former smoker

Case 09 Guangzhou 1:

Male, late 60s (J-C)

- **Patient presentation:**
 - Rest pain of left leg for 6 months, big toe ulcer for 4 months
 - ABI left 0.49



Case 09 Guangzhou 1: Male, late 60s (J-C)

- **Imaging:**
 - Duplex: subacute thrombosis of left distal SFA and left popliteal artery, stenosis and occlusion of ATA
 - CTA: occlusion of left distal SFA, and left popliteal artery, short occlusion of ATA and PTA, small AAA (36 mm)



Case 09 Guangzhou 1:

Male, late 60s (J-C)

- **Procedural steps:**

1. Right groin retrograde and cross-over approach
2. Lesion crossing: 0.018"/0.014" Command 300 cm (ABBOTT), 0.035"/0.018"/0.014" TrailBlazer support catheter (Medtronic)
3. Thrombectomy: Rotarex (BD)
4. Atherectomy if needed: TurboHawk LXM 9cm, Spider FX 4mm (Medtronic)
5. Balloon dilation: Chocolate: 2.5, 5, 6×120; Deep 14 : 2, 2.5, 3×150 (Medtronic)
6. DCB: IN.PACT Admiral DCB: 5×150 (Medtronic)
7. Stenting on indication: EverFlex (Medtronic) / Supera (ABBOTT)