Chronic in-stent re-occlusion left SFA

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Disclosure

Speaker name:

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- ☐ Employment in industry
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The clinicians have been compensated by Becton, Dickinson and Company to participate in this presentation.

Recorded case of a long, chronic in-stent re-occlusion of the left SFA

Operators
S. Bräunlich and A. Fischer

Patient Case History

- 65y old male patient

Clinical data:

- ABI left 0.68, Rutherford class 3
- PTA/stenting left SFA 2015 (Zilver-PTX) → target lesion
- PTA right SFA, DCB-treatment 12/2018
- Dilatative cardiomyopathy, EF (ejection fraction) 35%

Risk Factors

- Arterial hypertension
- Former smoker

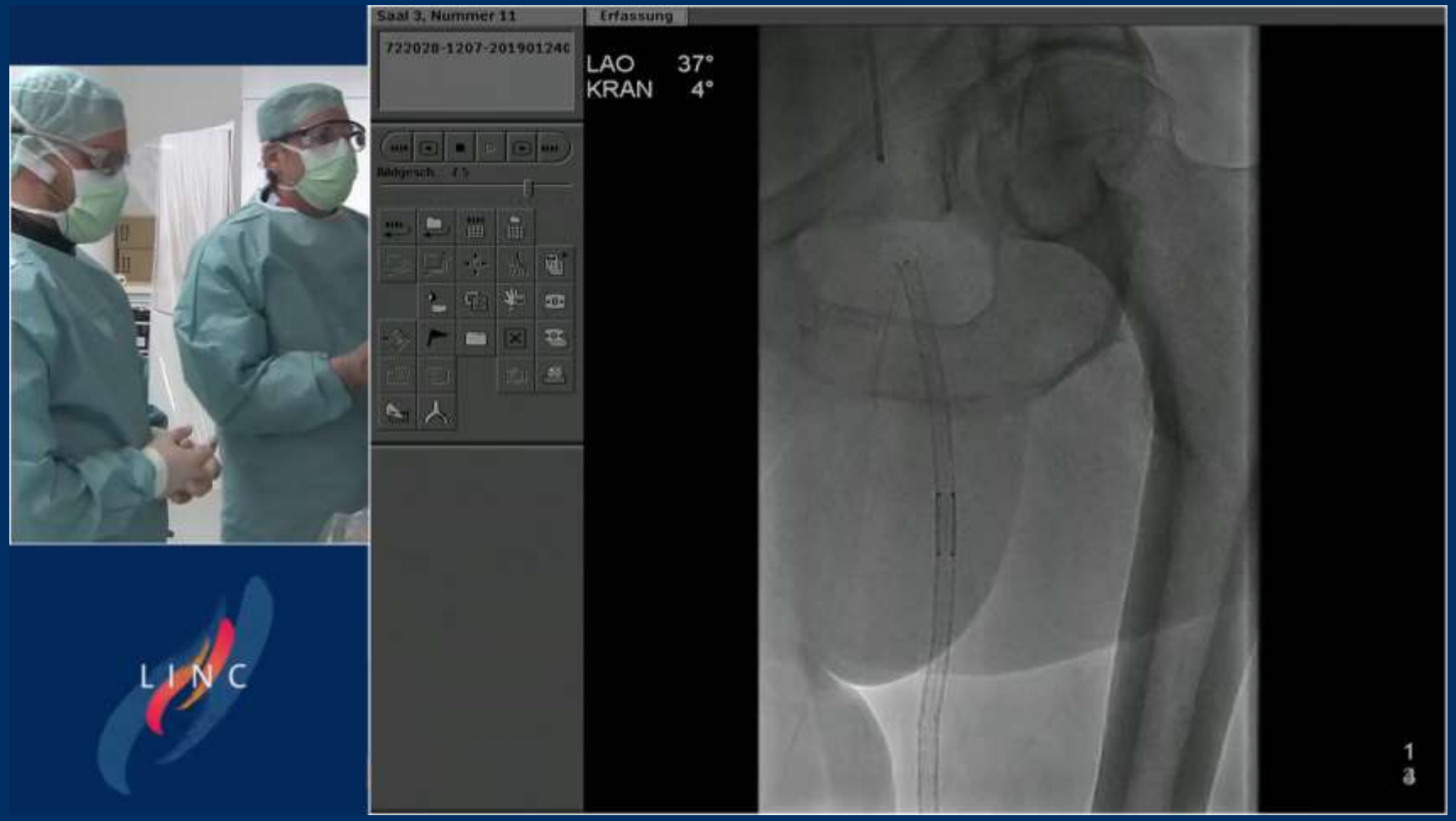
Patient case angiography

- Left leg
- Long Instent Occlusion
- from SFA origin to PA
- Reconstitution at P1
- Images obtained during treatment of the right SFA

Procedural Steps

- Right groin (femoral artery) access followed by a retrograde, cross-over approach
- Guidewire passage
- Rotarex®S: Rotational Atherothrombectomy Catheter
- Pre-dilation with a standard PTA balloon followed by treatment with a drug-coated balloon (DCB)

Recorded Case



Thank you

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