

The word impossible is not in my dictionary

- Napoleon Bonaparte

Busan Veterans Hospital

*CardioVascular Center, Diabetes Foot and Peripheral
Vascular Center*

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Co-operator & Presentor; Director Chang-Bae Sohn, M.D.

CASE

- 81 years old male patient
- Consulted from Rehabilitation center
- Skin color change & necrotic tissue at Left foot
- Coronary & Left common iliac artery stenting in other hospital
- Recurrent multiple cerebral infarction & Bed-ridden state

CASE



Multiple skin necrosis at Left foot ; Critical Limb Ischemia(CLI)

CASE

- What is your guess ?
- maybe vascular occlusion at Left lower extremity vessel

- **But We Had Very Big Problem**



- **Quadriplegia & multiple joint contracture**

CASE

- Ankle Brachial Index ; 0.35 / uncheckable
- Lower extremity CT angiography ; impossible because of position
- Duplex USG ; significant luminal narrowing and decreased peak systolic velocity at Lt. SFA (Lt. SFA in stent no flow)



CASE

How to manage this CLI lesion ?



CASE

- PTA(percutaneous transluminal angioplasty)?
- Amputation operation ?
- Conservative Therapy with Dressing ?

Our decision is PTA

1. Maybe he couldn't bare major amputation operation
2. Maybe Only conservative care didn't save his foot

Because of his position



Couldn't approach to both femoral & popliteal artery

Use Lt brachial artery

Procedure Strategy

- Vascular access; Left brachial artery

- Diagnostic angiography

; After **8 Fr Sheath** (Cordis corporation, Miami Lakes, Florida, U.S.A.) was inserted, **5 Fr JR₄ catheter** (Merit Medical systems Inc., South Jordan, Utah, U.S.A.) was used



- Total occlusion at previous stent at left CIA(common iliac artery)



Procedure Strategy

- Guiding catheter ; **95cm 8Fr contra IG guiding catheter** (Cordis corporation, Miami Lakes, U.S.A) & **JR4 catheter** for **mother and child technique** at proximal cap of CTO lesion

- Using Guide wire ;

- 1) **Approach® CTO-12 Micro Wire Guide wire** (Cook Incorporated, Bloomington, Indiana, U.S.A) for securing the entry point

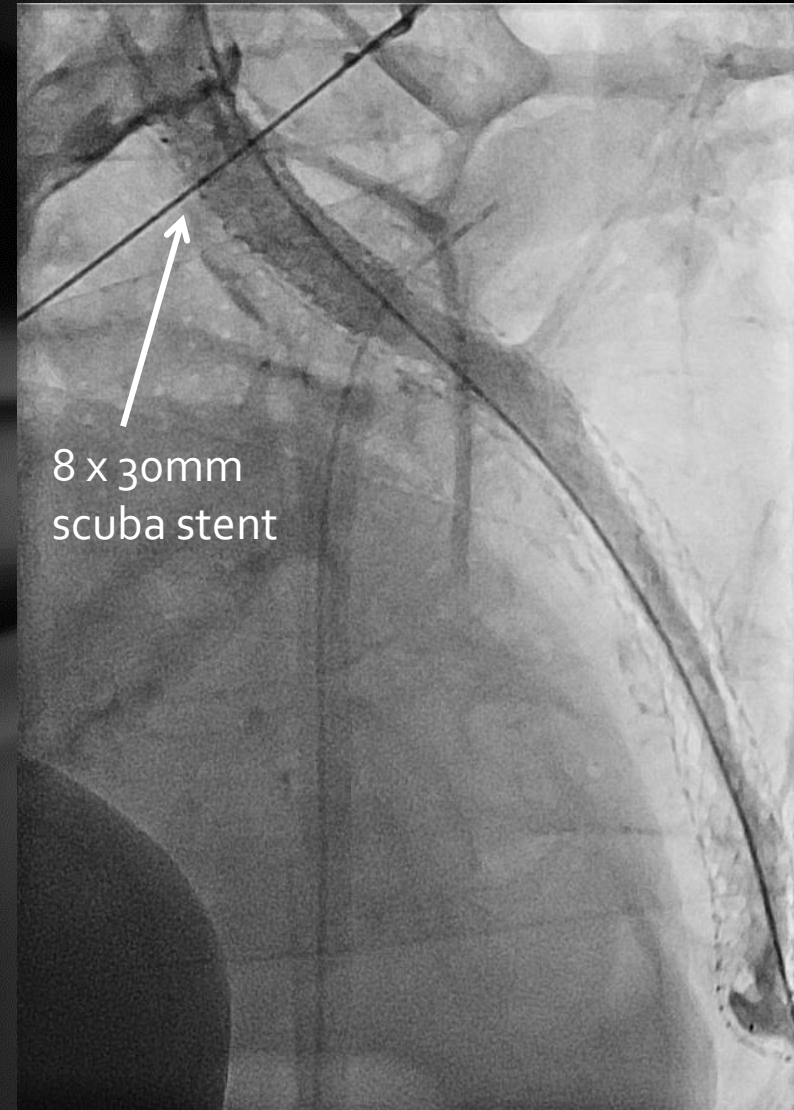
- 2) **0.035" 260cm Aquatrack™ Angled Stiff guide wire** (Cordis Corporation, Miami Lakes, Florida, U.S.A)

- 3) **0.035" TERUMO RADIFOCUS® 260cm small J tip guide wire M** (TERUMO corporation, Tokyo, Japan)



Procedure Strategy

- Angioplasty at Lt CIA
 - 1) **3 x 40mm & 5 x 150mm Admiral Xtreme™ balloon**(Medtronic Inc., Minneapolis, Minnesota, U.S.A.)
 - 2) **8 x 60mm Powerflex® P3 balloon**(Cordis Cashel, Cahir Road, Cashel Co Tipperary, Ireland)
 - 3) **8 x 30mm scuba stent** (Invatec S.p.A, Via Martiri della Liberta, Roncadelle, Italy)

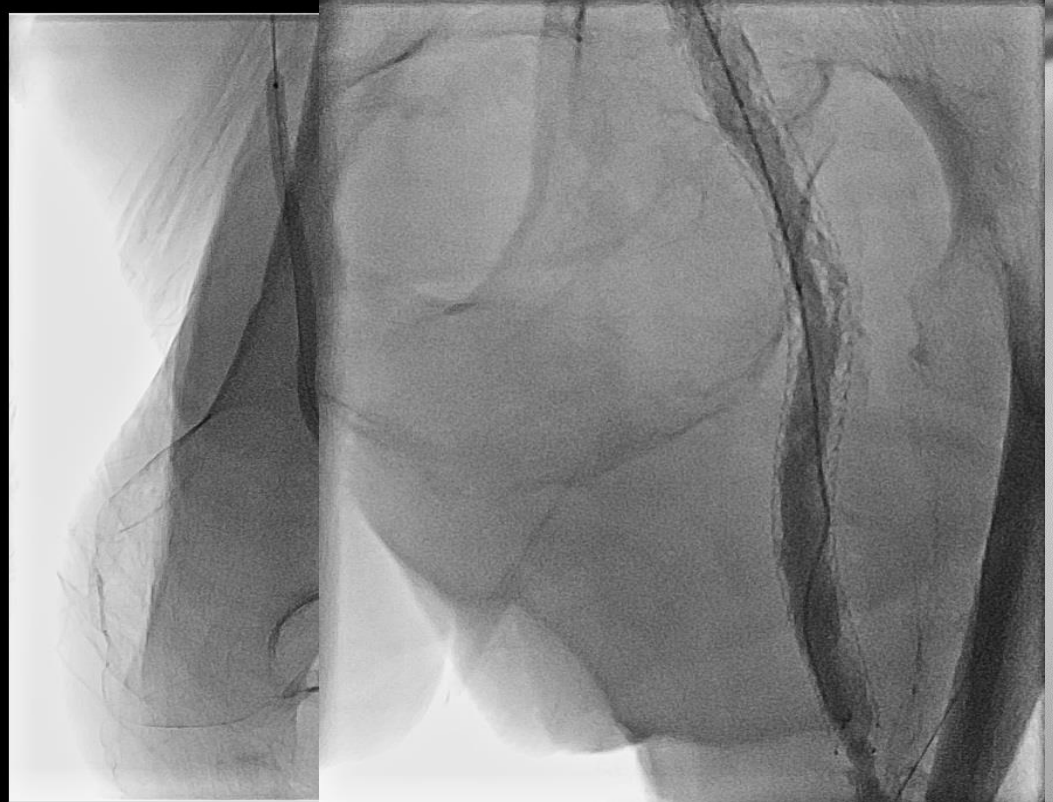
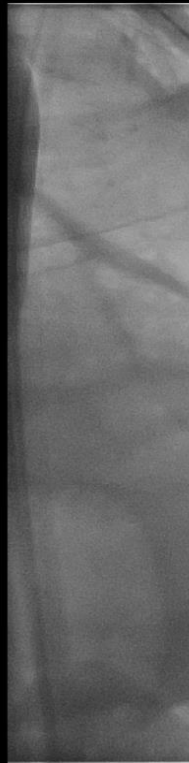
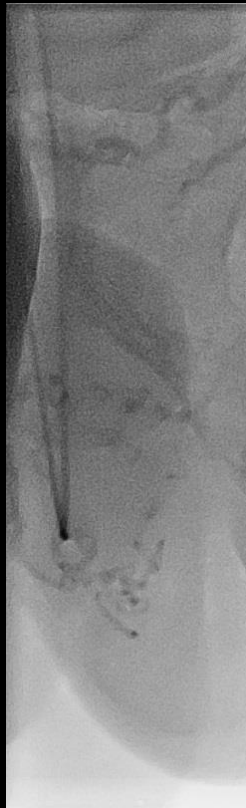


Procedure Strategy

- Consequently Angioplasty at Lt CFA to SFA & TP trunk

1) 5 x 150mm Admiral Xtreme™ Balloon

2) 3 x 160mm Advance® 14LP balloon (Cook Incop., Bloomington, Indiana, U.S.A)



Procedure Strategy

- Final angiography ; blood supply to the left foot via posterior tibial artery



Result

<post PTA management>

- continuous moist wound dressing (**Mepilex®**, 3 times per week; C & C Medical, Molnlycke Health Care, Sweden) with Orthopedics surgery department for two months



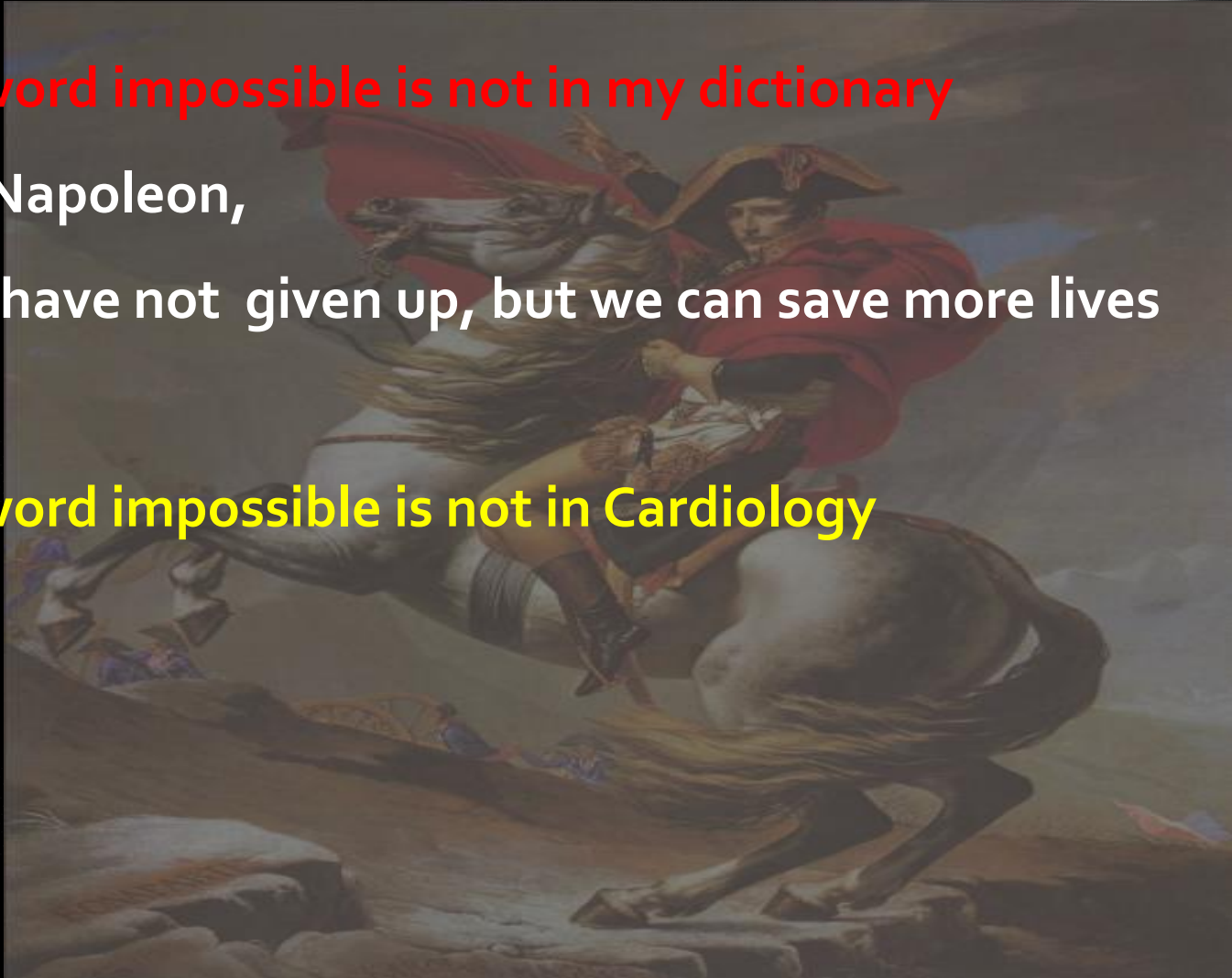
Summary

- Saving the coronary artery is saving the life
- If we gave up the PTA due to the patient's position, CLI lesions will progress and take his life
- If we decided to amputation, of course, operation will success but that won't be the best, maybe he won't bare the post operation period
- Like PCI, PTA is also saving the life



Summary

- The word impossible is not in my dictionary
- Like Napoleon,
- If we have not given up, but we can save more lives
- The word impossible is not in Cardiology



Thank you for your attention
Welcome & Enjoy the Busan

