Endovascular treatment of aortoiliac occlusive disease with infected axillofemoral bypass graft

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**Objective:** We describe the endovascular technique for treatment of infected axillofemoral bypass graft in TASC D aortoiliac occlusion.

**Method:** Review of this case, as well as review of the literature.

**Results:** A 73-year-old male presented with infected wound at left groin, dacron graft was exposed with surrounding frank pus. The ultrasonography showed peri-bypass graft fluid correction along graft and CTA showed patent of axillofemoral bypass graft with TASC D aortoiliac occlusive disease. We decided to perform aortoiliac reconstruction with endovascular technique. Three access site were applied; left brachial artery, both distal superficial femoral artery (SFA) by ultrasound guide puncture. The 0.035-inches Advantage wires were crossed lesion by antegrade (from left brachial artery) and retrograde (from right distal SFA) subintimal approach into left common femoral artery (CFA) and wires were placed into the aorta from right and left SFA by snaring technique, through and through wires to left brachial artery. Aortoiliac kissing stent with combine stents were performed. Left CFA endarterectomy and left SFA reconstructed with reverse basilic vein graft were performed. Supera stent was placed from right external iliac artery to right SFA. Complete angiography showed technical successful. Then bifurcated dacron graft was subtotal removed. Operative time was 12 hours, flu-times was 123 minutes and contrast used was 207 mL. At one month the wound was completely healed and CTA showed patent of aortoiliac stent. At eight months follow-up, the patient was in good condition. Pulse at both lower extremities were intact. ABI of right and left leg were 1.01 and 0.93, respectively.

**Conclusions:** Endovascular treatment is the safety procedure for TASC D aortoiliac occlusive disease with the good early outcome.