Successful Limb Salvage for A Patient with Acute and Critical Limb Ischemia and Complicating Iatrogenic Arterial Thrombosis

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**ABSTRACT**

A 52 y/o woman with DM type 2, CAD-3VD with preserved left ventricular function and CLI suffered from ALI. After a surgeon completed a fasciotomy, I performed an angioplasty for left ATA with the pedal-plantar loop technique from left PTA because it had total occlusion. The patient suffered from complications with peri-operational thrombosis after the angioplasty.

**SOLUTION**

1. Changing one new shuttle sheath and guiding catheter
2. ACT < 200
3. Urokinase 120000u and heparin 10000u prescribed
4. Percutaneous aspiration thrombectomy with 5-F guiding catheter
5. Two wires were passed through left PTA and peroneal artery individually
6. Performing balloon dilatation
7. Left PTA achieved good vessel runoff

**THE PENDAL-PLANTAR LOOP TECHNIQUE**

**COMPLICATIONS AND RESULTS**

**WOUNDS HEALED AFTER 2 MONTHS**

**TREATMENT**

After one week, I started treating her coronary arteries, left peroneal artery and left ATA. Furthermore, her wounds healed very well 2 months later.

**CONCLUSION**

Performing a fasciotomy in the cold ischemia and reperfusion stage before intervention or bypass surgery is helpful to reduce the rate of major amputation.

Because there is some controversy surrounding the effects of new thrombus suction devices and equipment, I suggest instead that the doctors preserve one vessel for distal tibial runoff to prevent a major amputation.