Recanalization of flush occlusion of the superficial femoral artery with re-entry device

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Disclosure

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I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

I do not have any potential conflict of interest
Case

79 year old man
Underlying CAD s/p PCI, hypertension
Right calf claudication at 50 meter, Rutherford 2
ABI Right .71 Left 1.01
Flush occlusion, TASC D
Retrograde Access-Subintimal Passage

V18 guidewire
CXI support catheter
Retrograde Subintimal Passage
Iliofemoral Balloon Angioplasty

6 mm balloon catheter
Post-Angioplasty
Post-Angioplasty
Cannulation Try
Re-entry Device
Post-Re-entry & PTA Angiography
Stents

6 mm - 12 cm VM

7 mm - 10 cm Zilver PTX
Final Angiography
Problems

- We could avoid unnecessary iliac artery dissection, if re-entry was created at the common femoral artery level.

- How can we create re-entry at the CFA level?
  - By chance
  - Re-entry device from femoral false lumen
  - Transseptal needle puncture

- Re-entry device or transseptal needle could not be used from below due to posterior tibial artery access.
Own Lessons

• For the case of flush occlusion of the SFA
  - Keep trying antegrade access more for simpler wire passage or bidirectional option
  - Retrograde access from popliteal artery >> distal tibial artery for further device options
  - Focus on creating re-entry at the CFA level
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