Five unusually challenging fempop cases – what would you have done and how I treated

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Disclosure

Speaker name:
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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): speakers honorarium

X I do not have any potential conflict of interest
Patient history

65 year old male
Rutherford 3 left leg
ABI: right: 1.0  left: 0.5

Past medical history:
previous stent implantation extending from left common femoral artery into left deep femoral artery (>20 years ago)
previous renal artery stenting

Comorbidities: arterial hypertension, hepatitis C

Duplex: proximal occlusion left superficial femoral artery, occlusion of left popliteal artery and btk trifurcation, Instant restenosis left common femoral/deep femoral artery stent
Crossover approach via right common femoral artery:

- Failed attempt to recanalize left superficial femoral artery

- Retrograde puncture of distal left femoral artery:
  - Failed attempt to reenter into left common femoral artery (sheathless approach, 21 G needle, V18 control wire, 0.018 Cook CXI support)

- Antegrade puncture of distal left femoral artery and retrograde puncture of left peroneal artery:
  - Successful recanalization of popliteal artery (5 F sheath, InPact™ Pacific 5x120 and 4x80 mm)
  - Successful scoring angioplasty (Angiosculpt™ 6x40 mm) and DCB (InPact™ Admiral 6x60 mm) for Instent restenosis of common femoral artery

- Collateralized occlusion of proximal left superficial femoral artery
Few weeks later...

Impaired walking capacity
Rutherford 3

**Duplex:**
Reocclusion of
Crossover approach via right common femoral artery:
6 F Terumo destination sheath

Retrograde puncture of distal left femoral artery:
6 F short sheath
Outback™ reentry device
Predilatation with high pressure balloon
Supera™ stent (Culotte technique)
Final kissing balloon dilatation

Via crossover sheath:
Successful recanalization of left popliteal artery
Options for bifurcations stenting
Supera™ stent

Crush compression data for 6 mm stents

![Graph showing force vs. compression displacement for Supera™ stent and comparison with SNS.]
Puncture site
Culotte with 2 Supera™ stents
Culotte with 2 Supera™ stents
Conclusions

Reentry devices can be used for retrograde entry into common femoral arteries (previous surgery, previous stent placement)

Retrograde implantation technique of Supera™ stents allows exact placement („first throw“)

Supera™ stents are useful in „no stent zones“, given their flexibility, fracture resistance and high radial strength

Culotte technique can be performed with Supera™ stents
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