Simultaneous antegrade - retrograde subintimal revascularization of a femoro-popliteal CTO by a re-entry device-facilitated puncture of a retrogradely inserted balloon

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Disclosure

Speaker name:
Goltz JP

I have the following potential conflicts of interest to report:

- Consulting, lecture fee, travel support
- Other(s)

Abbot Vascular Deutschland GmbH
C.R. BARD, Lutonix
Jotec GmbH
Cook Medical
W.L. Gore
Main goal of therapy in CLI patients: preservation of affected limb

In patients with an increased operative risk (comorbidities) endovascular treatment is often privileged

Crossing lesion is mandatory prior to any treatment but might represent a critical (technical) issue if complex lesion is addressed
Case Presentation

- 84-year-old male patient
- Major amputation right side
- Non-healing wound following minor amputation (left)
- Calcified, 22cm long CTO (fem.-pop.)
Baseline Angiography
Lesion crossing
Lesion crossing
Completion angiography
Results

- Technically successful revascularization
- Healing of resection margin (clinically successful)
- No complication
- Duplex FU @ 6 month: patent reconstruction, no stenosis
**Discussion**

- Majority of complex lesions can be passed using well-known techniques (antegrade & retrograde access, re-entry devices)

- Described technique facilitates lesion crossing if above-mentioned methods have failed

- Possible complication of new method: distal embolization of punctured balloon (fragments)
Conclusion

In selected cases a trans-femoral, reentry device-assisted puncture of a retrograde trans-crurally inserted balloon within the subintimal space may facilitate revascularization if standard techniques to cross long CTOs have failed.

Thank you!
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