A SUCCESSFUL INTERVENTION TO THE PATIENT WITH LERICHE SYNDROME

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Disclosure

Speaker name:

............Göksel DAĞASAN............

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
• 46-years-old male
• **Loss of sensation, weakness and leg pain at rest** in lower extremities.
• **Erectile dysfunction** about 3 months.
• Cigarette use (30 pack/years).
• There was no additional abnormality in medical history without a gunshot injury.
• Peripheral pulses in both of lower extremities were absent.
• Muscle strength of lower extremities was 3/5.
• Lower extremities were cold and pale.
• **MR**: İnfrarenal aortic occlusion (previous hospital report)

• Peripheral angiography was recommended to the patient.
• Sheats were replaced to left brachial artery, bilateral right and left femoral arteries.
• Microcatheters and hydrophilic wires were used for transition from femoral arteries but the transition was unsuccessful.
• Therefore we passed to antegrade approach from brachial artery.
• Infra renal aortic occlusion was penetrated then Right iliac line was passed initially with microcatheters and 0.035 hydrophilic rigid wire and captured with snare and it was removed.
• Super rigid wire was parked after sending into the microcatheter that was removed from the inside of the sheath in right femoral artery.
• Then microcatheter and hydrophilic wire were penetrated angularly to left iliac line and the transition was provided.

• After capturing with snare, it was removed.

• Super rigid wire was parked after sending into the microcatheter that was removed from the inside of the sheath in left femoral artery.
• After kissing dilatation with 7x100 mm and 8x100 mm balloons, recanalization was obtained.
• **14x40 mm aortic stent** was implanted into the recanalized occlusion.
• 8x120 mm and 9x100 mm self-extracting stents were made kissing into left and right iliac arteries relatively
• Full openness was obtained.

• There were no complications after the operation.
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