A case report on emergent FP bypass after unexpected trouble following bare metal stent placement for SFA CTO

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Disclosure

Speaker name: Kazuomi Iwasa

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 conflicts of interest
Case: 67 y.o. man

Rutherford class 3

Risk factor: DM IHD Smoking

Prior EVT: Rt. SFA CTO (5 cm Type B), Lt. EIA stenosis

ABPI: 0.60

Target lesion: Lt. SFA CTO (25 cm Type D)
EVT for Lt. SFA CTO

Crossover approach from rt. inguinal region

Control angiography
EVT for Lt. SFA CTO
Antegrade approach, Wire pass failure → distal puncture
EVT for Lt. SFA CTO

Final angiography
1 week after the Lt. SFA EVT

The patient visited the emergency room complaining of pain and swelling in the Lt. upper thigh from the previous day.

Vital signs were stable. Pulsation of the Lt. tibial arteries were good.

Echogenic examination showed a possible aneurysm.
Emergent CT Angiography
(1 week after Lt. SFA EVT)

→ Emergent operation
Emergent operation

Lt. CFA, DFA, AKPOP were controlled and interrupted blood flow
Intraoperative findings at Lt. inguinal region

CFA

SFA

occluded SFA

(femoral bifurcation)

SFA

CFA

DFA

Extravascular from here.

Intravascular from here.
Intraoperative findings at lt. inguinal region

- CFA
- BMS
- SFA
- DFA
- Femoral bifurcation
- Ostial DFA

SFA was ligated and dissected

proximal SFA resection
Procedure

Removal of proximal BMS,
Ligation of SFA distal edge of BMS,
Ostial DFA plasty and
FPAK bypass (ePTFE prosthetic graft 7 mm)
CT angiography after FP bypass
Summary

We experienced a case of emergent FP bypass after unexpected trouble following bare metal stent placement for SFA CTO.

**Surprising phenomenon**
1: The guide wire returned to intraluminal after going extravascular.
2: Angiography showed no abnormality after BMS went extravascular in the intra-hunter canal.

**Reflection**
2D angiography image after inserting wire but before inserting the stent is insufficient
If there is anything out of the ordinary, should ensure the safety of the procedure using another method.
But.....

We felt something strangeness. The patient complained of a dull ache at femoral region, the place of BMS planted. There was no apparent abnormalities at inspection of thigh. Final angiography confirmed good antegrade blood flow and no extravasation, so we decided to finish the procedure without IVUS study.

The day after tomorrow, there was no swelling at puncture site, but dull pain. The pulsation of tibial arteries were good and ABI score improved over 1.0. So, the patient was discharged to home.
Emergent CT Angiography
(1 week after Lt. SFA EVT)
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