

1058 Endovascular treatment for kinked bifurcated prosthetic graft

Patient is 76 years old male. He presented with intermittent claudication of his left leg for one month. He had past medical history of o elective open abdominal aortic aneurysms repair with bifurcated prosthetic graft (InterGard Quadrifurcated Prosthetic Grafts) 3years before.

His ABI of left side was decreased to 0.71, and Contrast enhanced CT revealed prosthetic graft was kinked at left side bifurcation and totally occluded. Collateral flow supplied distal blood flow.

We tried endovascular treatment. Kinked prosthetic graft was surprisingly hard to cross the wire, but finally we succeed in crossing the 0.035inch stiff radiforcus from femoral artery, which required extreme strong backup. We inserted 8fr long sheath just before occlusion site from femoral artery, and pushed stiff radiforcus forming knuckle wire guided by CXI at unprecedented force.

After crossing the wire, we constructed wire pull-through system through the brachial sheath, so occlusion site was pre-dilated with balloon, we deployed 7.0mm/39mm Viabahn VBX and post dilated with 11mm balloon. Stent was well expanded relatively and angiographically completed revascularization.

His ABI was made improved and he was relieved of IC symptom.