

1119 Successful Revascularization for Aorto-iliac Occlusion

71 y.o. female was admitted to our hospital due to hypothermia. She performed several times EVT to bilateral SFA at other hospital.

She felt right leg pain, pallor, paresthesia, paralysis at 9 AM sudden onset. Enhanced CT revealed thrombotic occlusion of terminal aorta. We discussed with surgeon, and performed EVT for acute aorto-iliac occlusion.

At first, we punctured bilateral femoral artery, and inserted "Optimo sheath" to avoid distal embolization. We directly implanted SMART stent with Kissing stent procedure. However, stent expansion of right side is not full. Therefore, we performed kissing balloon inflation with distal protection. But, right stent is still under-expansion.

Next, we changed sheath of bilateral femoral artery to 7Fr long sheath. We implanted two VBX stent graft with kissing inflation. After the procedure, bilateral common iliac arteries were fully expanded and blood flow was increased. Final angiogram did not show distal embolization.

We report the successful revascularization of acute aorto-iliac occlusion with self-expandable stent and balloon-expandable stent graft.