

2012 A case of successful recanalization of thrombotic occlusion of the external iliac artery

A 71-year-old man suffering from angina pectoris was referred to our hospital due to intermittent claudication of the right leg which gradually developed in a month. Ankle brachial index (ABI) was 0.6 on the right. CT angiography revealed total occlusion of the right external iliac artery. We performed percutaneous transluminal angioplasty with bi-directional approach via brachial and femoral artery. The right iliac angiography after wire externalization showed multiple huge thrombi, and thus we ended the session leaving a stenosis at the distal lesion not to cause distal embolization.

After the procedure, the patient received intravenous unfractionated heparin followed by warfarin. The right iliac angiography one week later showed disappearance of thrombi and improvement of blood flow. ABI elevated from 0.6 to 0.9 and intermittent claudication also improved.

In the treatment of thrombotic occlusion, revascularization leaving a stenosis at the distal lesion followed by anticoagulant therapy is effective not only to improve blood flow but also to prevent distal embolization.