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Endovascular treatment (EVT) for a common iliac artery with a dissection extended to the superficial femoral artery (SFA) after stent implantation

<Case > Seventy-year-old male visited our hospital because of intermittent claudication of his right lower limb. Angiography revealed the total occlusion of his right common iliac artery (CIA). We performed EVT for the occlusion of his CIA. We punctured and inserted a sheath to his right common femoral artery (CFA) and his left CFA to perform bidirectional approach. The guide wire retrogradely passed the occlusion of CIA. Intra vascular ultrasound (IVUS) showed 360° calcification of the lesion. We dilated a 4.0-40mm balloon first, and a 6.0-40 mm balloon second at the lesion. Next we implanted a 8.0- 60mm self-expandable stent. After stent implantation, IVUS showed that the dissection occurred from the stent edge beyond his right CFA. We passed antegradely a guide wire to the SFA, and we dilated a 6.0-40mm scoring balloon at the dissected lesion to fenestrate. Unfortunately his right CFA and SFA became to be not contrasted. IVUS revealed the dissection was extended to his SFA. We implanted a 6.0-100mm self-expandable stent from the distal edge of the dissection. After that, the blood flow to his right foot was recovered. No CK elevation occurred and intermittent claudication diminished after EVT. In this case, we consider the reason for this dissection was too large stent diameter for his EIA. We should pay attention to stent size selection.