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A Case of EVT for SFA CTO Lesion after Abdominal Aorta-Common iliac artery replacement.

Case: 70's, Male
CC: Intermittent claudication for left foot
PH: AP (post PCI), PAD (post EVT four times), Abdominal Aorta-Common iliac artery replacement
Coronary risk factor: HT, DM, DLp, smoking
HPI: November, 2018, he went through the operation of Abdominal Aorta-Common iliac artery replacement (J graft) in A Hospital. December, 2018, He was introduced our Hospital by moving. He noticed intermittent claudication by a walk of approximately 300 meters. The graft was anastomosed each with right External Iliac Artery, left Common Iliac Artery, left Deep Femoral Artery in contrast-enhanced CT. The STENT deployed by left SFA was complete total occlusion and the junction of the graft became constricted. He hoped for catheter treatment, and was hospitalized in January, 2019.
Course of treatment: I punctured for left brachial artery because punctured difficultly for femoral artery. And I inserted 6F 90cm Guide Catheter Destination. Because the CTO lesion was very firm and not good back up by Guide Catheter, I was not able to cross the wire. But by using Guidezilla, I succeeded in wire cross. I expanded the balloon for the lesion. Then, I deployed stent for the lesion.