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Successful EVT to CFA-SFA with Heavily Calcification after surgical bypass for severe intermittent claudication

Endo-atherectomy to CFA-lesion with heavily calcification is golden standard strategy. However some complications were sometimes occurred, such as infection, pseudo-aneurysm. And also puncture of this site after this surgery is often difficult. Recently, endovascular therapy (EVT) is developing in this area by arrival of new device and technology, such as atherectomy devices, drug-coated-balloon, new flexible stent with strong resistance against compression and wiring into center of calcification. It has been reported patency rate after EVT to this area is getting better and better.
We will show typical EVT case of this area. Case (66 y.o. male) admitted to our hospital because of severe intermittent claudication (IC) of left-leg. ABI of left-leg was flat. A long time ago, PTFE bypass (CFA-DFA) graft was implanted for IC. Although his symptom was better after this surgery, it didn't disappear completely. In this time, his IC getting worse due to new CTO of distal-SFA. To approach to this lesion, we determined to perform EVT to CTO of CFA to proximal-SFA with heavily calcification at first. Bidirectional approach from right-CFA and mid-SFA by Omote-pan lead to successful of wiring to this lesion. After making pull-through wiring condition and excessive lesion preparation, SUPERA(6.5mm) was implanted. In spite of heavily calcification, round expansion of SUPERA was seen after excessive post-dilatation by IVUS. After this procedure, EVT to CTO of distal-SFA was performed easily by SUPERA too. His symptom completely disappeared after above procedure.
EVT may be standard strategy to CFA-lesion with heavily calcification in the future.