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Safety and Efficacy of Subintimal Angioplasty in Patient with Chronic Total Occlusion Lesions in Ilio-femoral Artery

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Backgroun Subintimal angioplasty (SA) has been widely recognised technique for the iliofemoral CTO recanalization but there are still controversies in SA outcomes. Method: Among 128 consecutive pts who had significant iliofemoral arterial disease underwent EVT, 37 pts were treated by SA. If the culprit lesion was not well-maintained after the ballooning, subsequent self-expanding nitinol stents were deployed. We report the overall success rate, periprocedural complications and mid-term clinical outcomes. Results: The baseline characteristics of the 37 pts with 280 lesions who underwent iliofemoral SA showed that the mean age was 67.3±9.1 years old, 30 (81.1%) pts were male, and 32 (61.1%) pts were current smokers. The procedural successful rate was very high (278 /280 limbs, 99.3%) without serious periprocedural complications. There were only two target vessel revascularizations without death, and major amputation up to 6 months (Table). Conclusion: SA for iliofemoral CTO pts was very safe and showed excellent procedural success rate without significant periprocedural complications with excellent limb salvage.

Table, Baseline Characteristics, Complications and Clinical Outcomes at 6 months

Variables, n (%)	Iliofemoral Subintimal Angioplasty (n=37pts, 280 lesions)		
Baseline characteristics			Sale - Sale
Sex	30 (81.1)	Chronic renal disease	3 (8.3)
Age (years, mean ± SD)	67.3 ± 9.1	Coronary artery disease	13 (35.1)
Hypertension	26 (70.3)	CVD	7 (13.0)
DM	22 (59.5)	Prior CABG/ PTCA	8 (22.2) / 5 (13.9)
Smoking	22 (59.5)	Prior MI	2 (5.6)
Wound & Wound complication		8	111
Wound	15 (40.5)	Amputation	2 (5.4)
Clinical Outcomes at 6 months		Procedural Complication	
Ischemic Pain6 (16.2)		Perforation	15 (5.0)
Mortality	2 (5.4)	Dissection	94 (34.0)
Cardiac Death	2 (5.4)	Success rate/Lesion	278 (99.3)
TLR-PTA	6 (16.2)		
TVR-PTA	6 (16.2)		
Binary Restenosis	6 (16.2)		