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A patient with popliteal artery entrapment syndrome treated with balloon angioplasty

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A 29-year-old man complained intermittent claudication of right foot during exercise for past 2 months. ABI on the right decreased 0.72 compared to 1.22 on the left. MRI and enhanced CT showed that popliteal artery was compressed by deviation to lateral side of medial head of gastrocnemius muscle and occluded. In this case, popliteal artery entrapment syndrome (PAES) was suspected. We recommended surgical treatment, but patient strongly hoped catheter intervention and admitted to our hospital to take endovascular treatment on January, 2012. Occluded popliteal artery was dilated by 5mm balloon catheter after guide wire passed chronic total obstruction. Post-operative ABI was improved to 1.02 and he remained asymptomatic. However, 4 weeks after successful catheter treatment, this patient visited our hospital because of recurrent intermittent claudication. Enhanced CT demonstrated re-occlusion of right popliteal artery. Patient referred another hospital because of surgical treatment. Endovascular treatment is less invasive and can avoid vascular surgery such as vein graft bypass in patients with PAES who are often young. However, vessel patency in this approach remain unclear and have to be evaluated.