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A case of repeat intervention of occlusion from distal femoral artery to popliteal artery

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The case is 60's male. He receives hemodialysis due to the diabetes kidney disease. PCI was performed for anterior wall infarction and was repeated in an appearance of the new lesions and the restenosis. Finally, he received CABG. Right saphenous vein was harvested for grafts. EVT was performed in right femoral artery because of intermittent claudication afterwards. Left F-P bypass was performed. A small ulcer appeared to the left foot, and EVT was performed in anterior tibial artery and peroneal artery via a bypass. After a while a small ulcer appeared to the right foot, too. EVT was performed in tibial artery. In 2011, a small ulcer in the right foot was recurred with rest pain. EVT was performed again in the severe stenotic distal SFA with the calcification, but it occluded the next day and aspiration and reexpansion were performed. He was discharged with warfarin introduced. I consulted vascular surgeon about a bypass surgery, but it was rejected. Reocclusion occurred again and aspiration and reexpansion were performed again and stent was implanted. The re-reocclusion occurred one month later. I thought that it was the cause that runoff of below the knee blood vessels were insufficient, then I put a stent in that. Since the collateral blood flow from deep femoral artery gradually developed among this period, the rest pain was improved and he was ambulant. However general ischemia progressed and was accompanied by gangrene. I repeated EVT again and have observed progress.