

A case of endovascular therapy for DFA occlusion after SFA in-stent restenosis

[Introduction]Deep femoral artery(DFA) is often important as the main collateral source of chronic total occlusion of superficial femoral artery(SFA) disease. Both SFA and DFA occlusion will induce the severe limb ischemia. It seems to be important to protect the DFA flow especially in the case of the SFA occlusion. We report a case that the DFA occlusion after balloon dilatation to SFA in-stent restenosis(ISR) was treated by endovascular therapy. [case report]The case was 76-year-old man. He had the risk factors of hypertension, dyslipidemia and former smoking. He visited us with the complaint of intermittent claudication of left foot. ABI on the left was decreased until 0.81, and his duplex ultra sonography(DUS) showed chronic total occlusion of left SFA. So the endovascular therapy was performed, long stent was deployed to the lesion, crossing the DFA. No flow limitation of DFA was appeared at that time. But 8 months later, in-stent restenosis occurred to the SFA stent, so we performed the EVT again to the lesion. The DFA showed delayed filling after dilatation. Further one month later, DUS showed the occlusion of left DFA, so we decided to revascularize the lesion, 4.5mm balloon dilatation made the good perfusion of DFA finally. [conclusion] Endovascular therapy was performed to the DFA occlusion. Good perfusion was obtained after the procedure. Wire protection and balloon dilatation for DFA might be the one of the strategy of prevent the vessel occlusion and following limb ischemia when we treat the SFA bifurcation lesion.