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A case of acute in stent thrombosis during endovascular intervention for iliac artery stenosis.

A 70-years old male was admitted to our hospital for intermittent claudication. The value of ankle brachial index (ABI) was extremely decreased in the left leg (rt/lt=1.08/0.51) . Computed tomography (CT) angiogram revealed moderate stenosis in the right common iliac artery (CIA) and severe stenosis in the left CIA and external iliac artery (EIA). The right femoral artery was accessed with 6F sheath and initial angiogram confirmed CT angiogram findings. The balloon dilatation was performed and Zilver stent 8.0x80mm was implanted in the left EIA and then the left femoral artery was accessed with 6F sheath. After that, two Zilver stents (right; 10x40mm, left; 10x60mm) were implanted in both left and right CIA at once , and balloon dilatation was performed by retrograde approach. However, the angiogram demonstrated unsatisfactory dilatation of the stent deployed in the left CIA and the massive thrombus formation in the left CIA and EIA. After the aspiration of thrombus , argatroban was administered to avoid heparin induced thrombocytopenia (HIT) , Express LD stent 7.0x27mm was implanted in the stent deployed in the left CIA and the balloon dilation in the left EIA was performed. The next angiogram revealed the peroneal artery occlusion with thrombus, the aspiration of thrombus and balloon dilatation improved the blood flow of the peroneal artery. In this case, the HIT antibody test was negative and thrombocytopenia was not observed. After the procedure the ABI was increased (1.04/1.07) and his intermittent claudication was improved.