

Parallel stenting to an SFA lesion with complete in-stent restenosis

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72 year old male who underwent EVT for claudication (R-3) of the SFA with a self-expandable stent. One year later, claudication reemerged and angiography revealed that the stent in the SFA was completely occluded. We attempted to re-vascularize the SFA, but the stent was embedded in extremely hard tissue and even the proximal edge of a 0.035 inch Radifocus wire could not pass through. IVUS imaging showed that the stent was deployed in the subintimal space. We deployed a new stent parallel to the existing one. We chose SMART CONTROL because of its radial force. We confirmed good flow through the new stent. This is a case in which we successfully re-vascularized a complete in-stent restenosis of an SFA lesion with parallel stenting. Performing EVT to the true lumen is important in maintaining primary patency. The most important factor in choosing stents in cases like this is radial force that is at least strong enough to withstand force from the existing stent.