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A 60-year old man with maintenance on hemodialysis had felt claudication while walking as the stage 2 Rutherford classification. A result of Ankle brachial index of the right side was 0.66. We performed percutaneous transluminal angioplasty. We inserted a 4-french sheath into the right common femoral artery. Angiography showed that severe stenosis including heavy calcification in the middle part of the anterior tibial artery. First, we crossed a 0.014 inch guidewire easily, however, a microcatheter did not pass the lesion. Although we tried to pass the lesion by using some coronary dilating balloons, they could not pass. We change the strategy by inserting a 4-french sheath from the dorsalis pedis artery. A 0.014 inch wire and a 1.25 mm x 10 mm balloon were easily passed. The balloon burst as soon as it was inflated. Although we tried to retrieve it from the vessel, the marker of the balloon did not move and the main body of the balloon was removed. We found out that the balloon made torn from the center marker. Fortunately, the remained part moved with a wire. Although we tried to remove the wire with the torn part of the body, it stuck at the distal site of the anterior tibial artery. We used a 2.5 mm x 20 mm coronary dilation balloon to dilate from the stenotic to the distal site. After that, the stuck body of the balloon was removed successfully. Finally, we dilated the stenotic site and finished the procedure without any complications.