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The effectiveness of Crosser cather system to the calcified "non-stentingzone" lesions

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The result of the therapy to the calcified lesions at common femoral artery (CFA) and popliteal artery (PA) is not sufficient because such lesions are not suitable for stenting (so called non-stenting zone) and difficult to get good dilatation. Previously to such cases, we performed only convensional baloon dilatations but in many case, sufficient vascular dilatation could not be obtained and balloon rupture(s) were occurred frequently and if vascular dilatation was obtained, serious dissection (sometimes perforation) may evoked. Moreover, even if sufficient dilatation by stenting could be obtained, the restenosis rate of such lesions is not so low and stent(s) fracture is frequently observed. We thus have performed to such calcified lesions of 13 cases (2 CFA and 11 PA) including 4 cases of critical limb ischemia (CLI) with Crosser catheter system from Oct. 2014 to June 2016. Six cases are recieved hemodialysis continuously and 8 cases have diabetes mellitus. All cases were avoided from stenting and no serious vascular dissection and perforation was observed and about almost all cases, the ankle-brachial-index was improved. Balloon rupture was occurred only one case. One case of 4 patients with CLI recieved small area amputation. Even small number data, from the result of acute phase of interventions of these cases, Crosser system is useful for the therapy to the calcified lesion(S) at "non-stenting area" to obtain vascular dilatation without serious vascular complications.