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A case of endovascular treatment approached from occluded axillo-femoral bypass graft

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We may be often troubled with puncture site or blood access in the endovascular treatment (EVT). We experienced the case that was treated safely approaching from occluded axillo-femoral bypass graft for EVT. The patient is 88 years old woman. She had a prior history of peripheral artery disease. Axillo-femoral bypass was performed in 2014 and right below knee amputation caused by critical limb ischemia (CLI) was unfortunately performed in 2017. She was admitted to our hospital with CLI of dorsal pedis of left foot. Contrast CT showed axillo-femoral bypass graft and left superficial femoral artery occlusion. The level of skin perfusion pressure (SPP) was low at 16mmHg in left dorsal. Revascularization by EVT was needed early, but blood access for EVT was difficult because the bypass graft were anastomosed in bil. femoral artery, and right common iliac artery had stenosis with calcified lesion and blood vessel meandering. We tried EVT approaching from occluded axillo-femoral bypass graft. Angiogram demonstrated long chronic total occlusion (CTO) lesion with severe calcification from SFA to popliteal artery. The wire could not be advanced antegradely in CTO lesion, so distal puncture from dorsal pedis artery was performed. The both wires were able to meet in the popliteal artery of CTO site. After debulking of severe calcification with CROSSER system, Self-expandable stents were deployed from prox. SFA to Pop. artery. Finally, angiogram demonstrated significant improvement of blood flow, and the puncture site was able to stop bleeding only by compression safely. The level of SPP was improved to 43mmHg in left dorsal after treatment.

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