

A Case of Chronic Limb-Threatening Ischemia with Large Amounts of Thrombus Treated by Percutaneous Fogarty™ Thrombectomy.

Motoaki Kai¹, Kazuki Tobita¹, Hikaru Tanemura¹, Kazuki Kumagai¹, Shun Sawada¹, Eiji Koyama¹, Hirokazu Miyashita¹, Shigeru Saito¹

¹Cardiology, Shonan Kamakura General Hospital, Japan

The patient is a 70s-years-old man. He was referred to our hospital with chronic limb-threatening ischemia (CLTI) on the toe of right lower limb. The angiography revealed a totally occlusion of the right femoro-popliteal (FP) artery lesion. We planned endovascular therapy (EVT) a few days later.

The guidewire was easily passed, and intravascular ultrasound (IVUS) examination revealed the occlusion with a large amount of thrombus and less atherosclerotic change. A 16 Fr Dryseal™ was inserted by ipsilateral approach and a 9 mm Fogarty™ catheter removed large amounts of thrombus. However, IVUS examination revealed the hard thrombus at the tip of Dryseal. We deployed heparin-bonded stent graft from inside Dryseal to mid superficial femoral artery and covered thrombus by pulling Dryseal. After post-dilatation, we achieved good flow with aspiration for below the knee site.

One week later, angiography showed good blood flow in the femoropopliteal artery. EVT of the anterior and posterior tibial arteries was performed to complete revascularization. Following the procedure, his toe necrosis showed improvement, he was discharged from hospital.

The case was CLTI with recent onset thrombosis occlusion. Percutaneous Fogarty thrombectomy with stent graft implantation was effective even for large and old thrombus. We will present the detail of procedure here.