

1150 **A Case of Acute Limb Ischemia with Popliteal Artery Aneurysm secondary to Left Ventricular Thrombus caused by Takotsubo Cardiomyopathy**

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She was an 80-year-old female and treated for Takotsubo cardiomyopathy at another hospital. She presented with sudden left lower extremity pain and was transferred to our hospital due to suspected acute limb ischemia (ALI). Echocardiography showed apical akinesis and a left ventricular (LV) thrombus, identified as the embolic source.

Emergency endovascular therapy (EVT) was performed via an 8Fr right femoral approach. The superficial femoral artery (SFA) was occluded in the initial angiography. Therefore, we performed thrombectomy with the Indigo/CAT8 system and retrieved a large volume of red thrombus. The blood flow to the SFA and deep femoral artery (DFA) was successfully restored after balloon angioplasty. The popliteal artery remained occluded with collaterals maintaining infrapopliteal flow, indicating a chronic total occlusion (CTO).

Four days later, we performed second EVT. There were residual thrombi at the origins of the SFA and DFA. After using balloon angioplasty for the DFA, we deployed a bare nitinol stent in the proximal SFA to cover the thrombus. Anticoagulation with warfarin led to LV thrombus resolution on follow-up echocardiography, and she was switched to apixaban.

One month later, we performed third EVT for the popliteal artery aneurysm with CTO. We passed wire in the true lumen with IVUS guidance. We performed sequential balloon dilation and covered the aneurysm with a stent graft, followed by drug-coated balloon expansion extending to the P3 segment. Final angiography confirmed restored distal perfusion. The patient remains recurrence-free.

We managed a challenging case of ALI caused by LV thrombus due to Takotsubo cardiomyopathy complicated by a popliteal artery aneurysm. A staged endovascular strategy achieved a successful clinical outcome.