Percutaneous Revascularization Could be A Feasible Option For Complex Aorto-Iliac Occlusive Disease
With Fair One-year Outcome

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Aorto-iliac arterial occlusive disease (AIOD) is one of the commonest pattern of systemic atherosclerosis that often patients present with a spectrum of chronic symptoms from intermittent claudication to critical limb ischemia; endovascular therapies are becoming an attractive option for treatment even in complex aorto-iliac artery diseases, especially in patients with considerable risk for open surgery. Both short and long-term success make endovascular-first approach now is widely accepted for TASC A, B, and C lesions as first line treatment strategy.

Discussion: As aorto-iliac occlusions become longer and more complex, the challenges and potential risks of endovascular intervention can evolve beyond those of the infrainguinal territory. According to TASC II, surgery should be the treatment of choice for infra-renal occlusions (D category) due to more durable outcomes. However, significant perioperative mortality and morbidity have been described. Many patients with PAOD may be unsuitable candidates for this major operation; these patients may even pose high risk for less-invasive, extra-anatomical bypass. In experienced hands, even challenging TASC II C and D lesions can be treated successfully in more than 95% of the cases.

Results and conclusion: This case is one of our series that assess the feasibility of endovascular therapy for TASC D aorto-iliac lesions treated by endovascular therapy with 95.5% technical success rate in crossing TASC D aorto-iliac occlusion with immediate angiographic success 91%. 12 months’ primary patency rate was 85% for TASC D lesions. Stent grafts had significantly higher 1-year patency rate 91.7% in comparison to bare metal stent 75%. Utilizing more than one access with antegrade crossing the lesion through brachial access was the paramount for technical success.