Rescue procedure with mechanical thromboaspiration in a case of acute embolism into dorsalis pedis artery during percutaneous revascularization of superficial femoral artery obstruction

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CLINICAL CASE:
A 62 y.o. female, active smoker with hypertension presented with severe claudication (Rutherford grade I, category 3). Duplex ultrasound revealed an occlusion of the right superficial femoral artery, with revascularization at the Hunter canal with patency of the popliteal artery and of the anterior tibial artery (Fig. 1-4); peroneal artery and posterior tibial arteries were distally occluded. Dorsalis pedis artery was patent and filled retrogradely the plantar arch. Through a contralateral retrograde 5 Fr femoral access, the revascularization of SFA was performed with a 5-mm balloon catheter (Fig. 5).

The patient immediately reported acute right foot pain and the control angiogram showed a distal embolization in the dorsalis pedis artery (Fig. 6-9). To remove the thrombi, we decided to perform a mechanical thrombectomy through a long 6 Fr 90-cm sheath with the Indigo System (Penumbra, Inc.) CAT 5 catheter (Fig. 10) distally inserted into the dorsalis pedis artery. After only one passage, the control angiography demonstrated restored patency of the dorsalis pedis artery (Fig. 11-12).

TAKE HOME MESSAGE:
Distal embolism of thrombi is a relatively rare (1%-5%) complication that may occur during femoropopliteal revascularization. Thank to an easy setup, the Indigo System catheters provide a highly trackable and atraumatic solution for clot extraction in the peripheral vessels without the need for thrombolytic agents.

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