Complex multi-level bilateral occlusive disease

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Disclosure

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I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest
H/P

- 54 yo F – CAD s/p CABG - HTN – HPL – DM – Smoker

- Bilateral Rutherford stage 4 Buttock, thigh and calf claudication worse on the right

- Exam: No ulcers
  - Right: Fem: Doppler – DP and PT: Doppler
  - Left: Fem: 1+ - DP and PT: Doppler
Imaging studies

**LE ABI**

**MRA Ao**
MRA LE Run-off → Approach??
Initial US guided R CFA access with pedal 2.9 F micro sheath

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- 4 Reasons:
  - Risk of subintimal wiring of R CIA dissection post PTA performed from a controlateral access
  - Risk of ipsilateral retrograde wiring below R EIA stent struts if stented from controlateral approach
  - R CFA access necessary anyway for R CIA treatment
  - 2.9 F sheath to avoid right leg flow occlusion
Advance Micro 3.0x120 mm (2.9 F compatible)
PTA then stent of R EIA

7.0x100 mm Absolute pro Post-dil 6.0x100
d EIA and p CFA 6.0x40 mm Lutonix
R CFA and R CIA

R CIA PTA with 6.0x40 mm Balloon
Post R CIA PTA

Decision: LLE revasc prior to bilateral CIA stenting
LLE Angio

5.0 x 200 mm Vascultrak
Mid SFA DCB post PTA

Lutonix 5.0x80
49 mm gradient across L EIA
7.0 x 80 Zilver below stenosed L IIA - post 6.0 mm
Pre-CIA stenting
Right: Icast 7x59 – Left: Icast 7x38
Both post-dil with 7.0
Iliac Angio post intervention
Brought back for R SFA: Antegrade
Re-entry with Pioneer

5.0 x 200 mm
Angio and Stenting

Zilver PTX:
- 6.0 x 120
- 6.0 x 120
- 6.0 x 60

Post-dil
- 5.0 x 200
Take home

• 2.9 F sheath can be used in the CFA to open up the way in case of EIA and prox CFA disease. It can be a prelude to bigger sheath placement.

• In case of concomitant iliac and SFA disease → Ipsilateral Iliac PTA → sheath up and over → stent ipsilateral iliac on the way out

• Even ostial SFA stenting is possible from an ipsilateral CFA antegrade access if needed
Thank you
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