Complete Healing of Diabetic Foot Ulcers by Percutaneous Transluminal Angioplasty

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**Case Presentation:**
A 68 years old man, a known case of diabetes, HTN, IHD presented with leg claudication since 2 years ago, progressed to ulcers of toes and plantar surfaces of foot (RF class 5).

**Past Medical History:**
1- CABG 6 years ago.
2- PTA and stenting of left common iliac artery 3 years ago.

**Physical Exam:** weak left femoral pulse, ABI 0.04

**CT Angiography:** In-stent restenosis of left common iliac artery, patent femoropopliteal and below the knee arteries.

**Results of Angioplasty:**
1- **Angiographic:** no significant residual stenosis.
2- **Clinical:** Complete healing of foot ulcers after 6 months.
3- **CT angiography:** patent vessel with good visualization of distal part, two years after procedure.

**Conclusion:** Complete healing of advanced diabetic foot ulcers (even RF class 5-6) occurred by drug balloon angioplasty of in-stent restenosis of iliac artery without stenting.

**Before procedure:** ulcers of toes and plantar surfaces of foot (RF class 5)

**Angiography:** proximal cut off of left common iliac artery with poor antegrade run off

**Angioplasty of left common iliac artery**

**Approaches:** Both contralateral & ipsilateral retrograde femoral approaches

**Guide wires:** 0.014 Astato, PT2 & hydrophilic 0.035  
**Balloon:** DEB passeo 8*40 mm

**Complication:** Thrombus formation of proximal portion of LCIA, resolved by direct intra-arterial injection of GP2b3a.

**Because of in-stent restenosis and no residual stenosis or dissection, stent wasn’t deployed.**

45 days later  | 3 months later  | 6 months later