Efficacy of Hybrid Therapy for Subacute Iliac Artery Occlusion and SFA CTO

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- A 77 y.o. male with left leg pain at rest for several days, and intermittent claudication for 2 months.
- HT, HL, smoking
- ABI; 1.06/

Emergent CT

Thrombectomy using 6Fr Fogarty catheter (from left CIA to CFA)
POBA at left CIA after thrombectomy by Fogarty catheter

Post POBA and thrombectomy

EVT to left SFA CTO lesion 4 days later
- 6F seathless PV GC, Naveed 4 (0.014inch, 15g) by IVUS support.
- Pre dilatation with Coyote 4.0/220mm and Sterling 6.0/220 mm balloon for all CTO lesions
- Innova 7.0/180 mm stent from the SFA ostium
- Post dilatation with Sterling 6.0/220mm balloon
- Left ABI increased up to 0.90
- Discharge with no symptoms
- Left ABI; 0.96 at 7 months later

We performed hybrid therapy (surgical treatment using Fogarty catheter to iliac thrombotic lesion and subsequent EVT to SFA CTO) with surgeons for subacute peripheral artery occlusion, and succeeded in limb salvage. This treatment strategy may be safe and effective for some of emergent and complicated cases.