Endovascular Management with Catheter directed Thrombolysis for Treatment of Chronic occluded Femoro-popliteal Bypass

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Subjects and Method
This is a case report. 65 years old male patient. He’s hypertensive and ischemic heart with EF: 30% .24 months ago, patient presented with critical limb ischemia (big toe gangrene). He underwent Femoro-popliteal bypass by synthetic graft PTFE to bypass long SFA occlusion. 15 months ago, bypass was occluded (detected by U/s during follow up) and patient complained of claudication pain which was treated conservatively. 6 months ago, patient presented with 2nd toe infected gangrene. Investigation: Ct angiography shows occluded Fem.-pop. Bypass .operative details: contralateral femoral access. Hydrophilic 0.035 guide wire succeeded to pass the graft bypass. Balloon 8*80 dilatation within the graft, then Catheter directed thrombolysis was inserted for 24 hours. Angiographic success happened in the form of patent graft and distal run off. 2nd toe amputation was done.

Results
* 6 months patency detected by duplex ultrasound
*Healed 2nd toe stub