Percutaneous atherectomy, angioplasty, and stenting at the common femoral bifurcation

Chih-Yang Chan MD PhD
National Taiwan University Hospital
Taipei, Taiwan

Ich komme aus Taipei, Taiwan
Disclosure

Speaker name: Chih-Yang Chan

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)

- [x] I do not have any potential conflict of interest
Heavily calcified CFA obstruction(s)

A Challenged lesion
Little is known about the fate of CFA interventions

• A 68-yo woman, TAVR in 2017, Incidentally found Rt CFA calcified stenosis, asymptomatic, conservatively tx

• A 71-yo woman, TAVR in 2018, Lt CFA calcified stenosis, asymptomatic, conservatively managed
• A 86-yo woman, received TAVI in 2017
• Acute closure of Rt CFA upon completion of TAVR
• Emergently on-site open patch repaired
• A 56-yo man, Rutherford class 5 CLI, calcified Lt SFA origin critically stenotic, Rotablated with a 2-mm burr, PTX stented
A 51-yo man, Rutherford class 5 CLI, calcified Rt CFA stenosis, Jetstream atherectomy and DEB fixed
• A 73-yo man, Rutherford class 4 CLI, calcified Lt CFA stenosis
• Twice atherectomies in one month
• A 90-yo woman, Rutherford class 5 CLI, calcified Rt CFA stenosis, a stent placed after the balloon angioplasty

• Two-wk later, accidental fracture of the stent resulting from a urgent cardiac catheterization for ACS
<table>
<thead>
<tr>
<th>Good enough</th>
<th>NOT good enough</th>
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<tbody>
<tr>
<td>• Endovascular interventions have low rate of</td>
<td>• Percutaneous atherectomy could be suboptimal</td>
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<td>periprocedure morbidity</td>
<td>• Re-intervention(s) could be needed for a CFA stent</td>
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<td>• Local anesthesia</td>
<td>• Longer-term durability of CFA stent is unknown</td>
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<td>• Puncture wound(s)</td>
<td>• Complication(s) could happen</td>
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<td>• Patients’ preferences</td>
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Thank You! Welcome to Taiwan
Danke! Willkommen in Taiwan

chanchihyang@ntuh.gov.tw