



**Strategies on the frontline – The year in review: My worst complication of 2017
Lower Extremity**

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SFA Case

- 56 yo female
- Seen in office for severe 200 foot claudication
- Previous venous bypass 7 months ago occluded after 2-3 months and complicated by groin infection
- Put on pletal and has failed
- ABI RT .74 Lt .93
- PMHx
 - Crohns disease with chronic anemia
 - HTN

Angio 4/6/16



PTA/DEB 4/6/16



6 months post

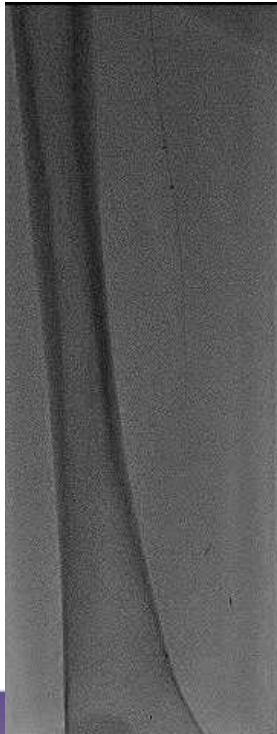
- 6 month FU no symptoms
- 2 episodes of GI bleeding once on DAPt and once on clopidogrel monotherapy now on cilostazol monotherapy for 2 months
- ABI's Rt 1.0 Lt .95, Duplex with no velocity increase
- At 7 months developed flu like symptoms with N and V. On day 3 developed recurrent claudication at 100 feet
- Hypercoag WU negative
- Placed on Humira IV

Angio and Infusion catheter 1/24/17

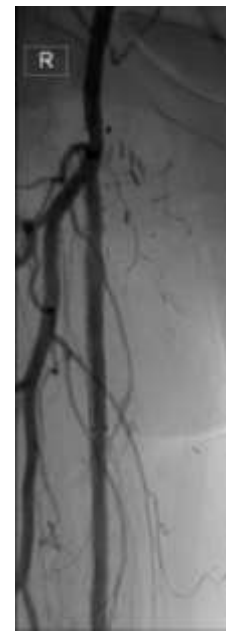
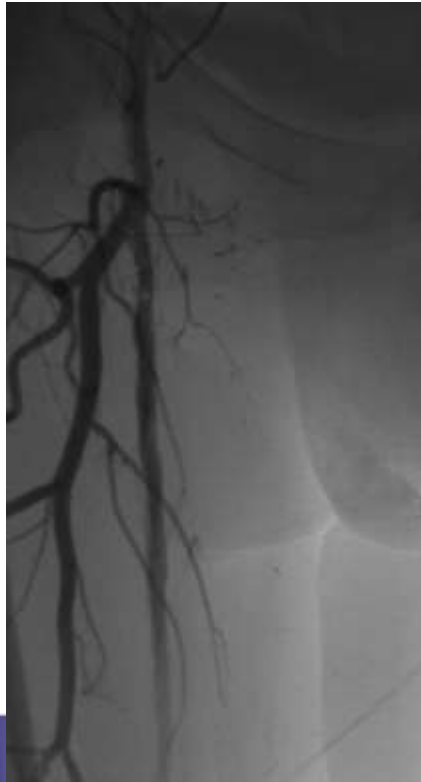


Power pulsed

(TNK 5mg in 50cc and dwell for 30 min)



Proximal area of dissection or residual thrombus with 25 mmHg gradient. Treated with DES



3 months after repeat intervention

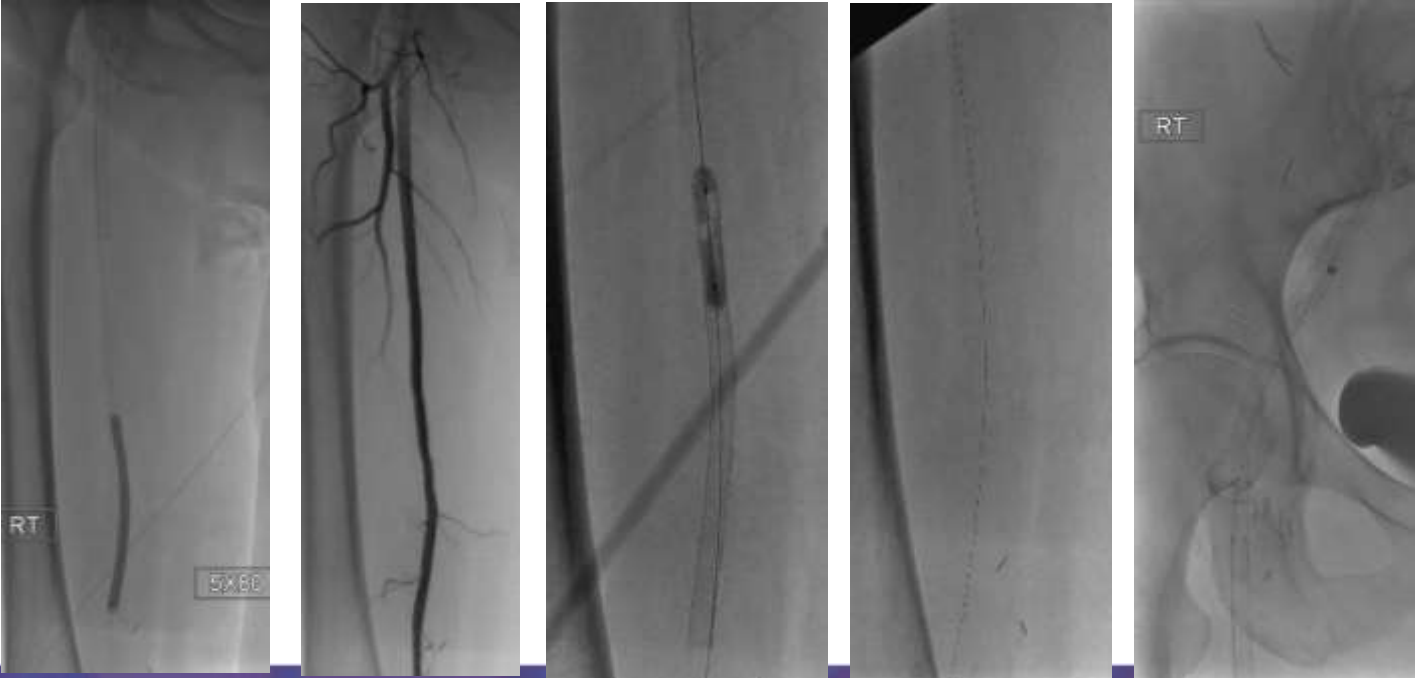
- Recurrent symptoms
- Resting ABI Rt = 1.07, Lt = 1.01
- Post exercise ABI Rt = .54, Lt = .95
- Duplex with > 80% stenosis in distal SFA with peak systolic velocity of 380 cm/sec and ratio of 4.0

Repeat angiography Completed



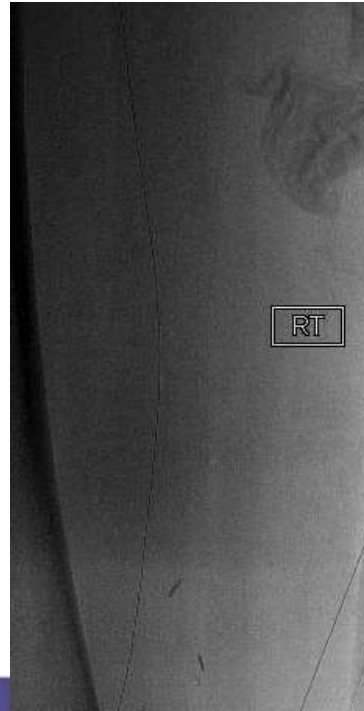
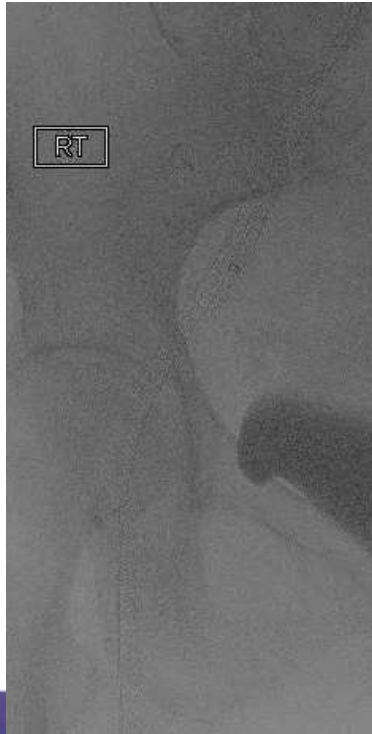
What Now?

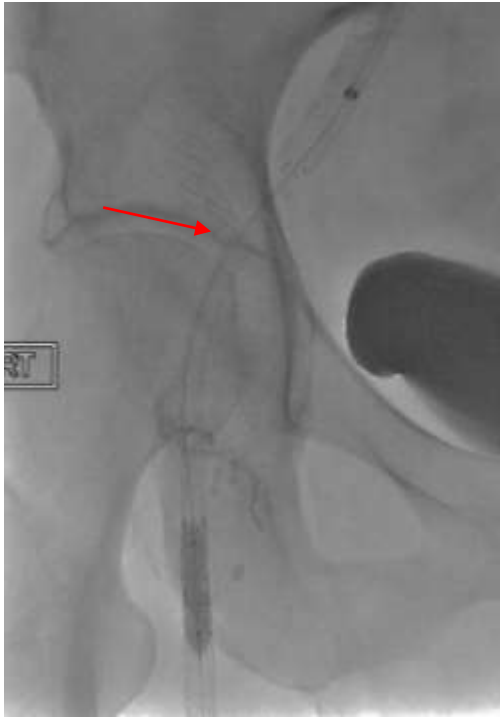
DCB followed by Woven stent due to recoil on IVUS.
Stent went AWOL



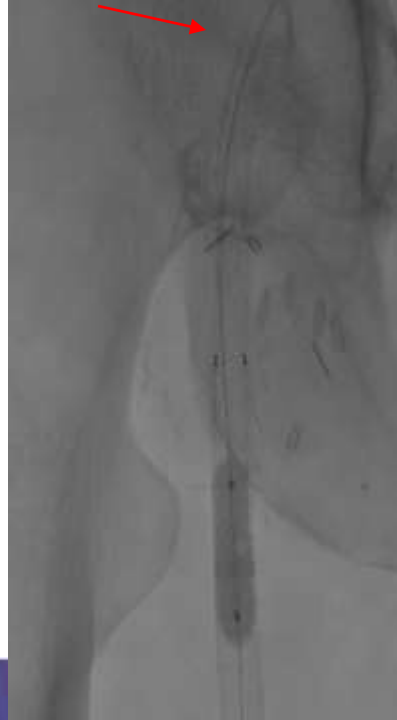
Now What?

I chose to treat distal Stenosis First

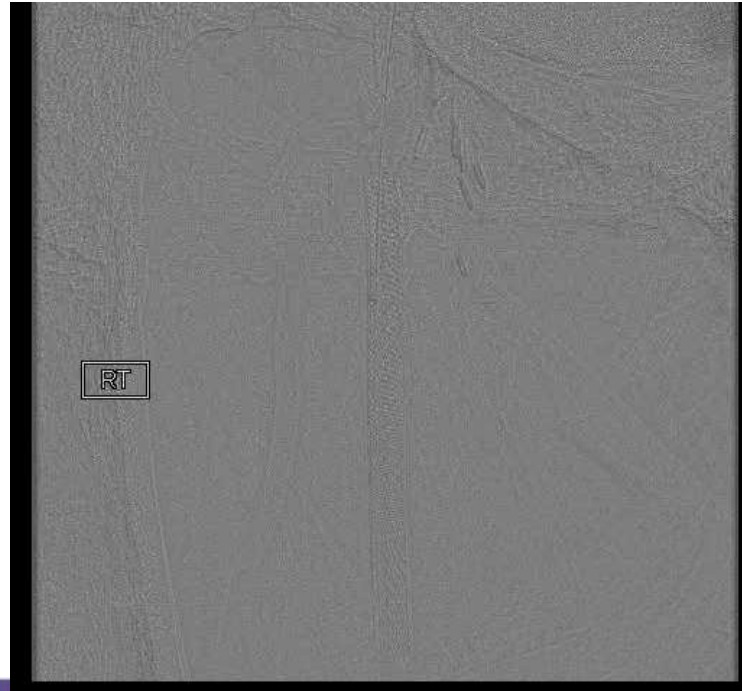




Then attempted to re-advance stent or would have surgeon attempt to remove. (remember previously had fempop and infection healed by secondary infection.



Successful and IVUS looked well apposed

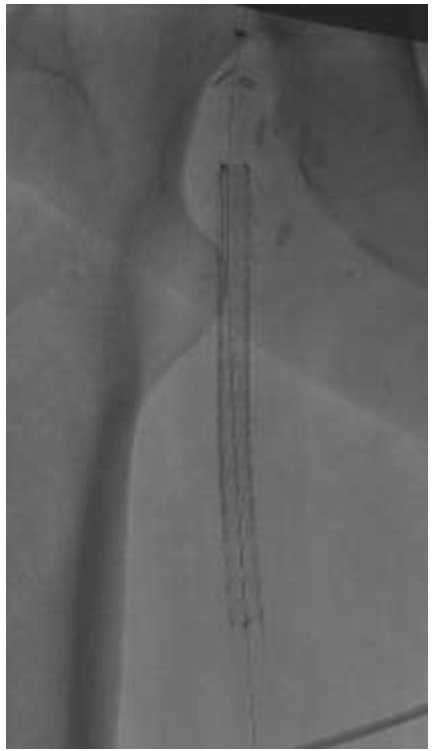


1 week later

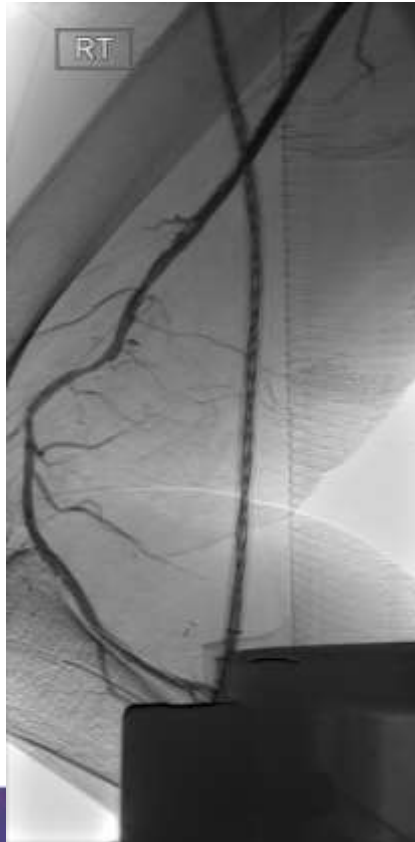
- Recurrent symptoms of severe claudication
- Duplex stent thrombosed, stent not seen in common femoral artery
- ABI Rt .54, Lt 1.0

Now What?

Repeat angio
No stent migration confirmed



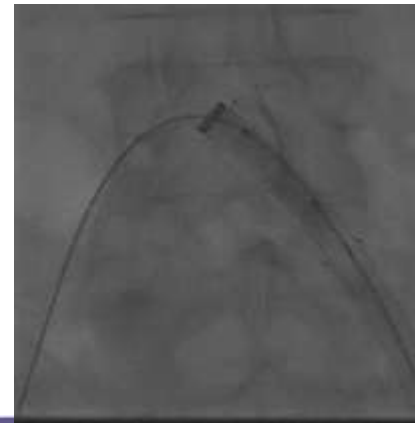
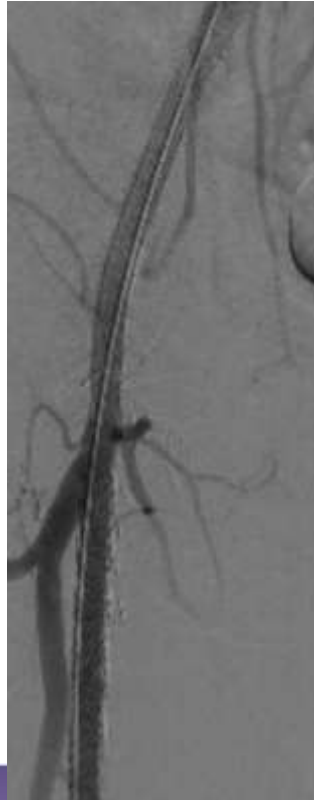
Power pulse and then bent leg angio to evaluate for technical problem



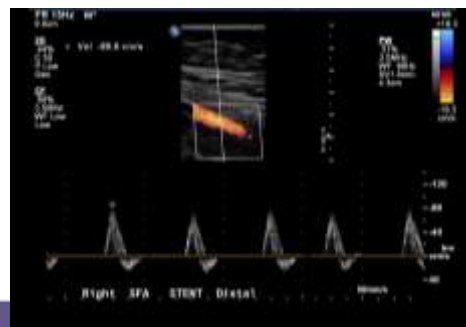
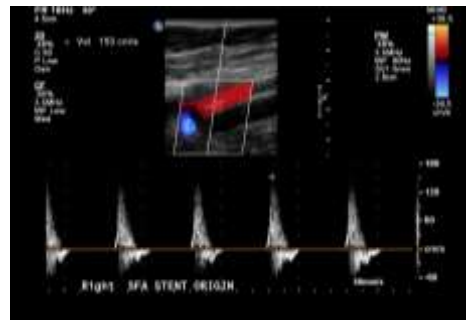
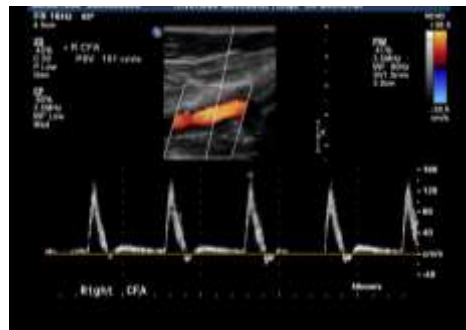
Decided to remove proximal stent

- endo first

- surgery if failed







Post Care and FU

- Placed on Eliquis and Brilinta for 1 month
- Discontinued and now on Eliquis only
- 12 month FU normal exam and no symptoms
- Duplex scan scheduled for 4/2018



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