Recanalisations of femoral bifurcations using the Culotte stent technique

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Disclosure

Speaker name: Erwin Blessing

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): speakers honorarium: Abbott

- I do not have any potential conflict of interest
Patient # 1

63 year old male
Claudicatio left leg, 150 m
Rutherford 3 left
CAD, previous myocardial infarction
Previous renal artery stenting, subclavian steel,
50% carotid artery stenosis
Stenting left common femoral/deep femoral artery 20 years ago
CVRF: art. HTN, HLP
Patient # 1

63 year old male
Claudicatio left leg, 150 m
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CAD, previous myocardial infarction
Previous renal artery stenting, subclavian steel,
50% carotid artery stenosis
Stenting left common femoral/deep femoral artery 20 years ago
CVRF: art. HTN, HLP
Options for bifurcation stenting
Puncture site
Follow up after 17 months
Patient # 2

86 year old female
CLI left leg
Rutherford 4
CAD, previous myocardial infarction
CVRF: art. HTN
Refused surgery
Follow up after 7 months

No impaired walking capacity

ABI left leg: 0.94

Duplex: patent stents, no restenosis
Conclusions

Culotte bifurcation stenting in the CFA with Supera stent is technically feasible even in challenging situations (severe calcification etc.), both in a standard crossover approach as well as with the PRESTO (reverse implantation) technique.
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