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Case presentation

— Placement of stent- grafts
and DES to treat below knee
ePTFE bypass occlusion

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Disclosure

Speaker name:

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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)

- I do not have any potential conflict of interest



79 yo Female

Recurrent R limb rest pain for 1 month

Rutherford IV

CVRF: Diabetes, hypercholesterolemia

ABI R 0.0; L 0.6

Medical History

7 years ago, She underwent bilateral FP (BK) ePTFE bypass

8 months ago, thrombolysis and stenting in both anastomoses

5 years ago, She underwent Bypass thrombolysis and anastomosis angioplasty

5 months ago, 2nd stent placement in distal anastomosis caused by stent crush



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Procedure plan

- Surgical thrombectomy with 4F Fogarty catheter
- ISR treated with DCB



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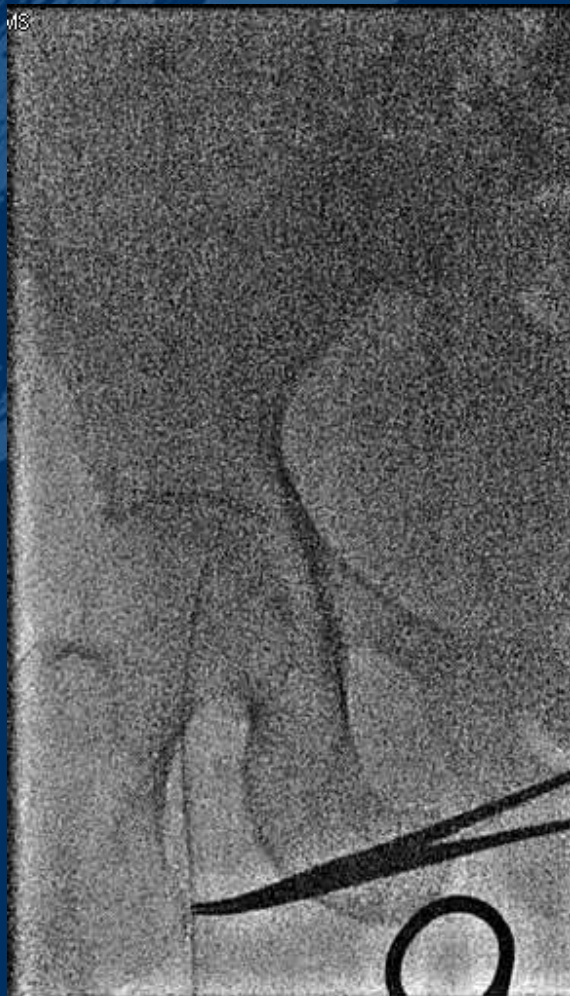
Pre-op Angio





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Challenge in treatment of distal stent occlusion: 1. stent deformation; 2. chronic thrombus





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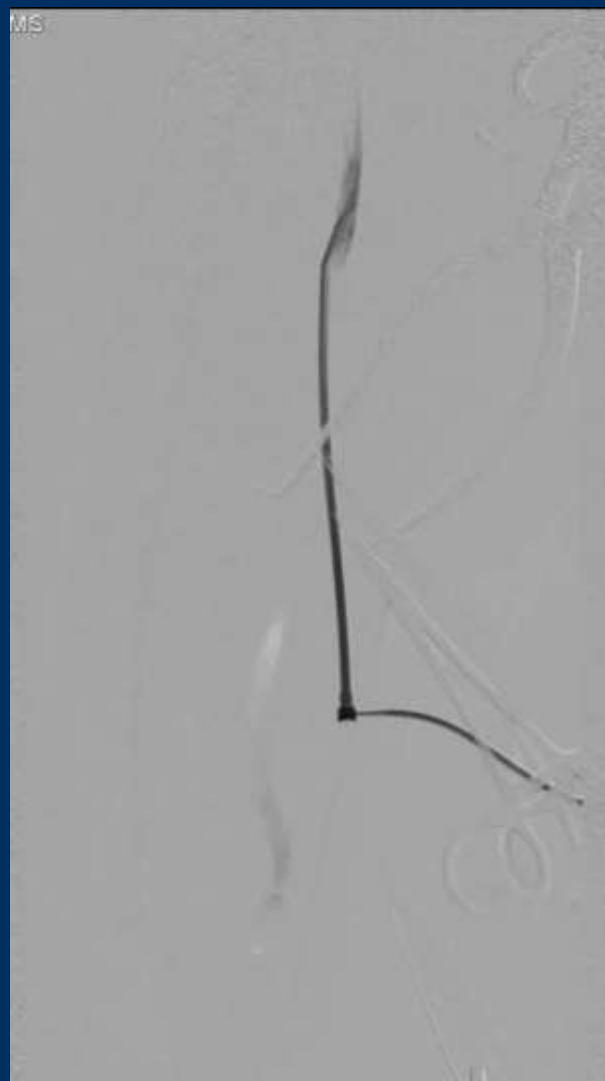
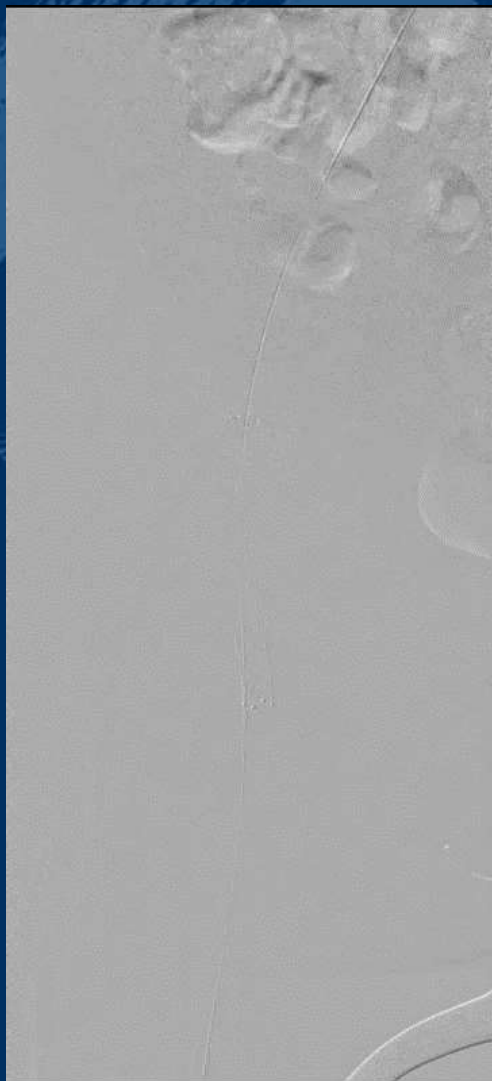
Bail out options

- Placement of heparin- bonded Viabahn to treat ISR
- Primary placement of DES to avoid edge-stenosis induced by oversize
- Bail-out thrombus aspiration or CDT if distal embolism occurred



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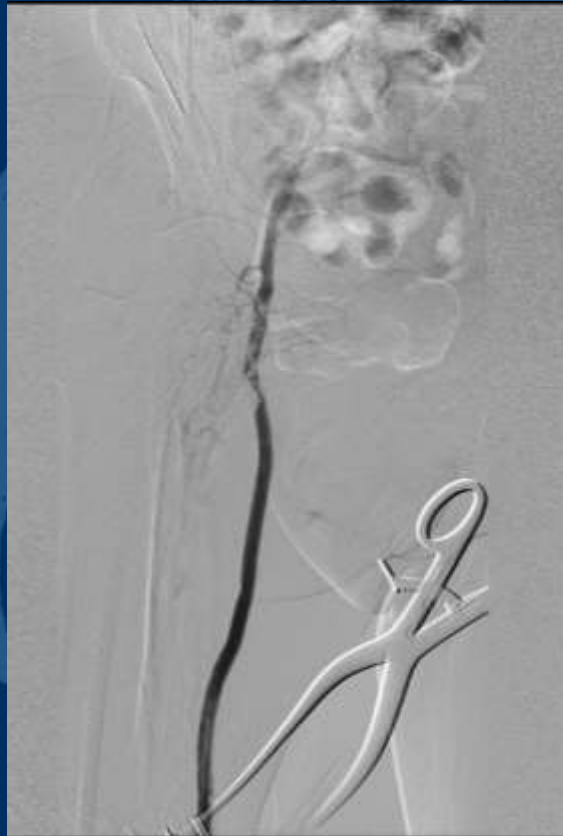
Angio after thrombectomy





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Proximal BMS ISR treated with DCB





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Dilatation with 2.5mm Balloon in distal stent

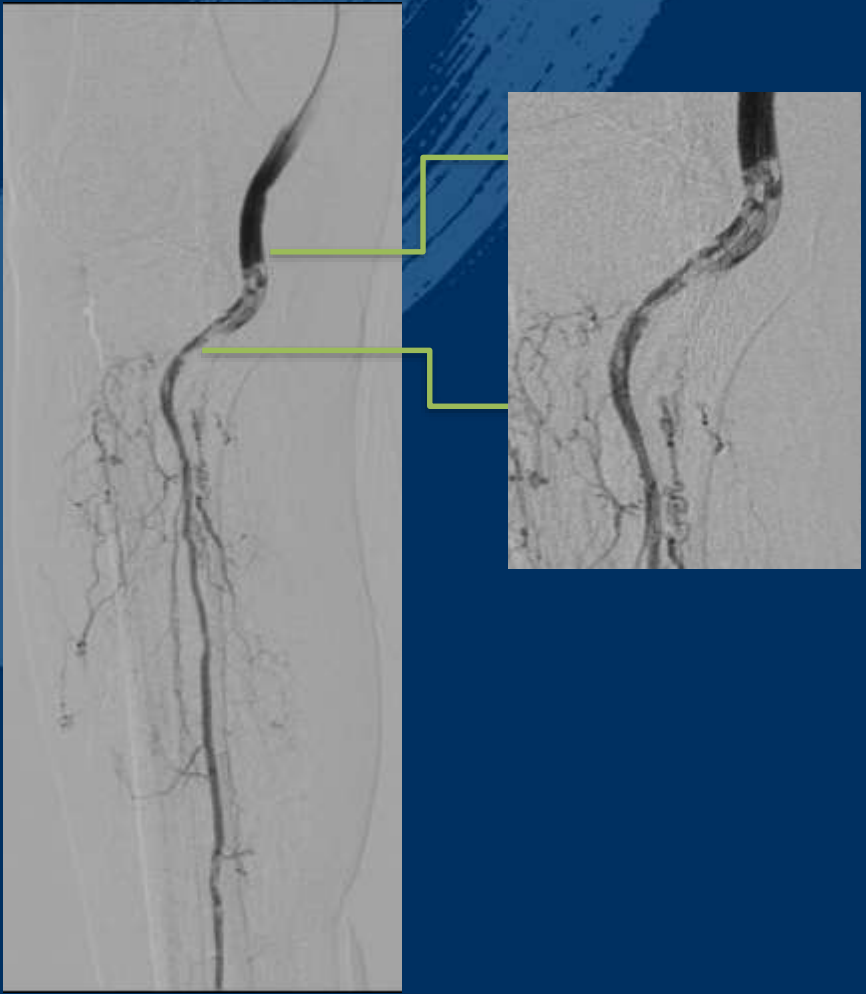




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Angiogram in run-off

Residual thrombus in distal stent



Distal thromboembolism in peroneal artery





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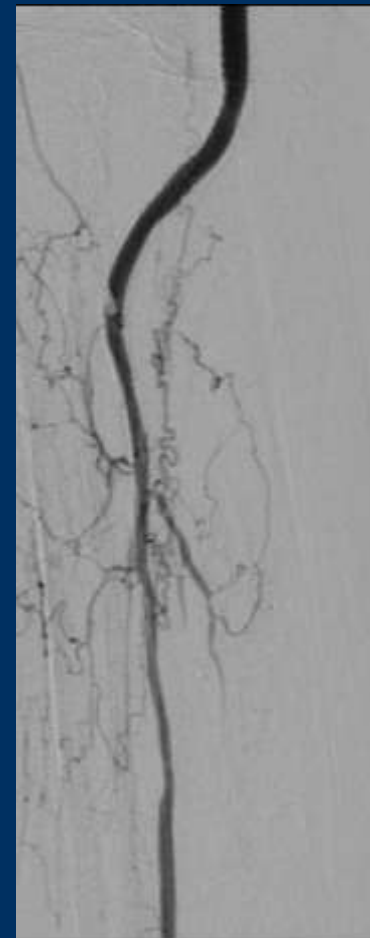
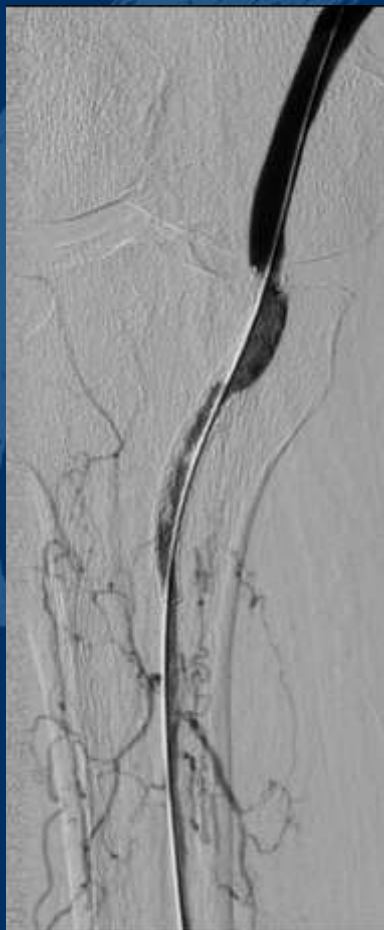
Embolus aspiration with 5 F catheter





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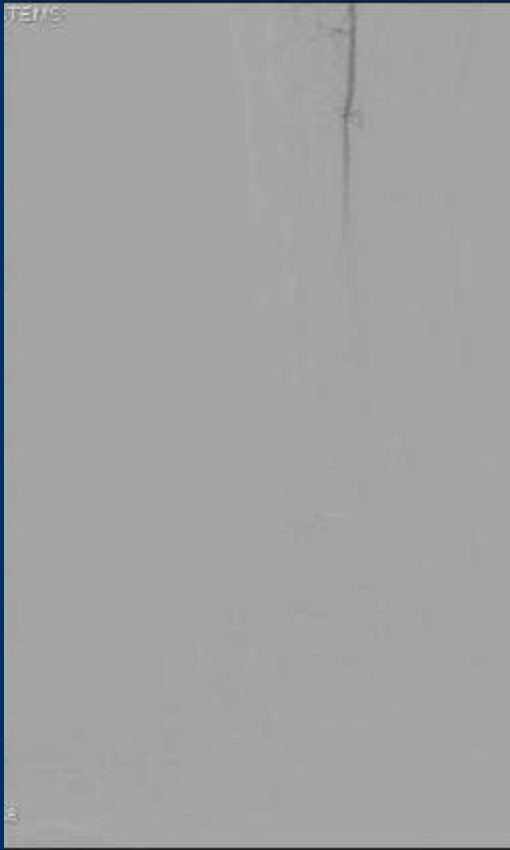
5/100 viabahn placement in distal fractured BMS





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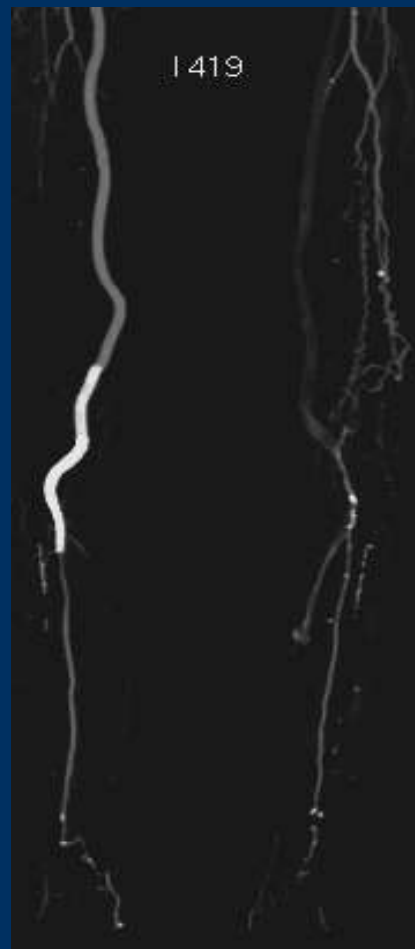
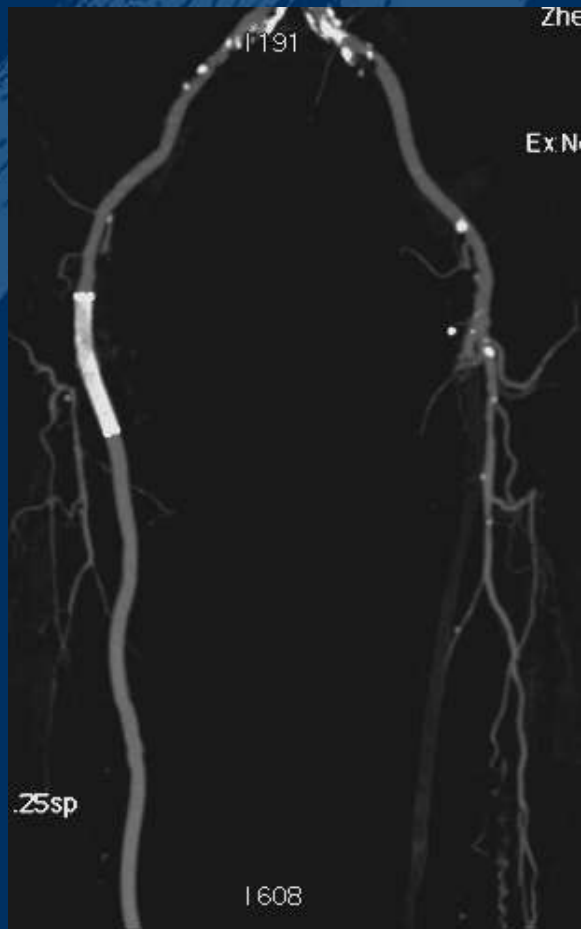
3.5/30,4/30 DES placement from healthy peroneal artery to SG





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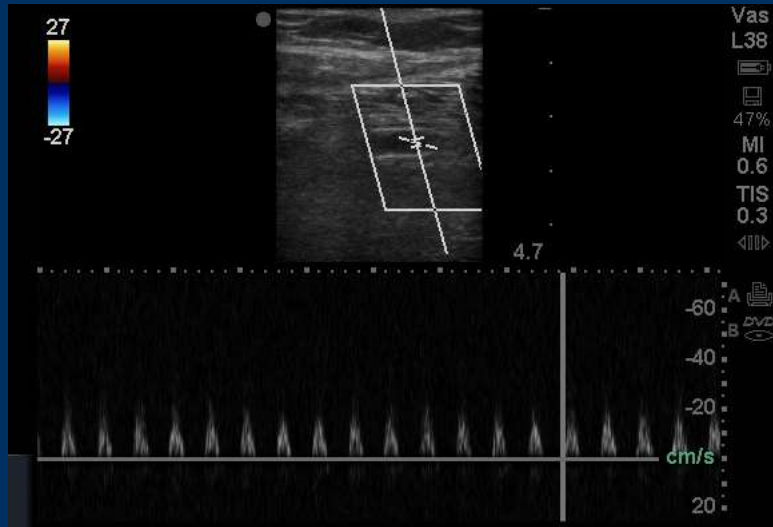
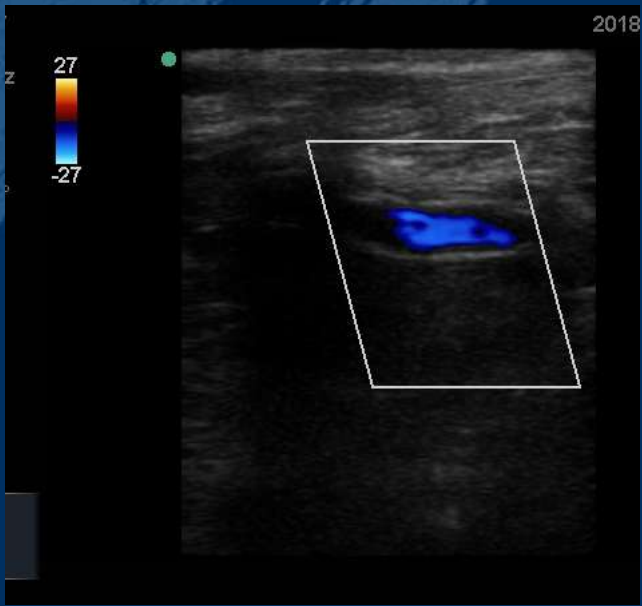
4 -mon CT Angiography follow-up





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9-mon Ultrasound follow-up





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Take home message

- **SG could be a bail-out choice for recurrent restenosis at the bypass anastomosis site**
- **DES could be used to avoid below knee SG edge-stenosis**



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Thanks for your attention!



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