

COMBINED SURGICAL AND ENDOVASCULAR VENOUS ARTERIALISATION TO TREAT DESERT FOOT

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L I N C

Combined surgical and endovascular venous arterialisation to treat desert foot

Disclosure

Speaker name:

.....Feng Zhang.....

I have the following potential conflicts of interest to report:

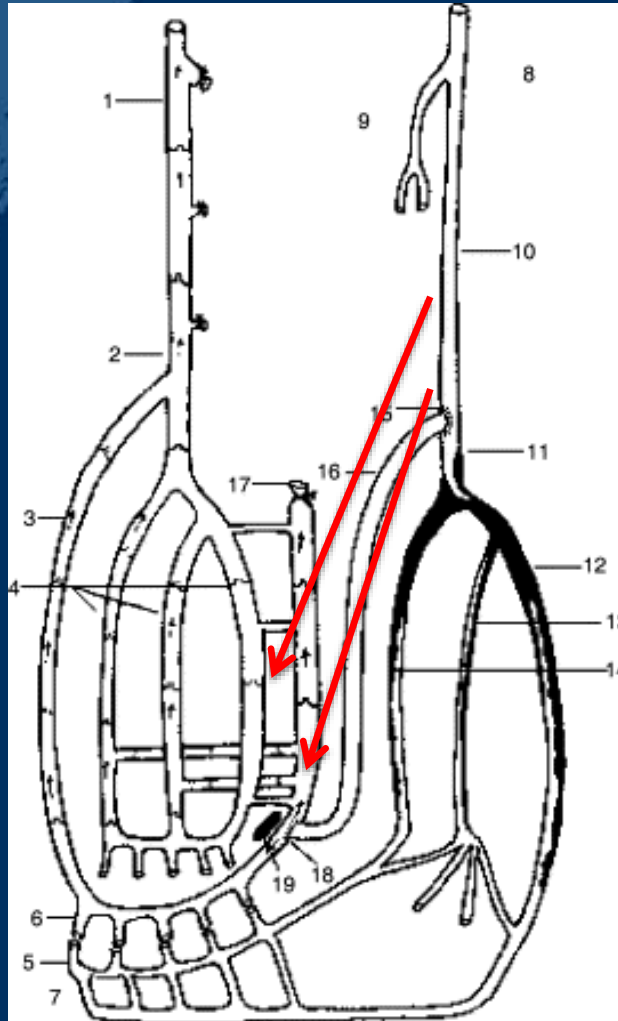
- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

- I do not have any potential conflict of interest

Background

- Critical limb ischemia (CLI) portends a high risk of amputation and death. Revascularization is a mainstay of therapy for patients with CLI.
- In 14–20% of the patients who have peripheral arterial occlusive disease, there is not any convenient distal arterial bed for a revascularization procedure.-----we call it desert foot.
- What should the patients have to meet is limb lost----amputation.
- At this condition: Don't forget we have another procedure-----Open Surgery----distal venous arterialization
- However, DVA technical failure associated with persistent distal venous valve function. so all the patients underwent intra- and postoperative interventional procedure to breakdown the venous valve.

Anatomy of lower limb vascular



Case Report

- 40yrs old, Male, former smoker, 40 cigarette per day.
- Intermittent claudication for 3 yrs, right side calf cyanosis with severe rest pain.
- Interventional therapy 3 times in past 2 years, but no good result by now.
- CTA show under knees arterial occlusion. ---- desert foot.

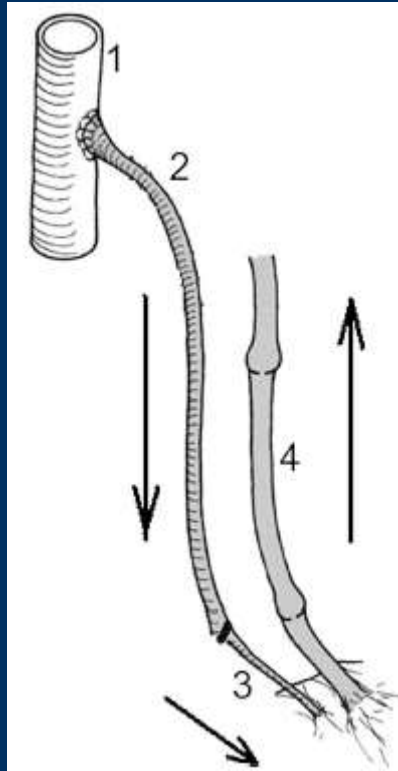
The logo for LINC, featuring a stylized red and orange shape resembling a curved line or a ribbon, set against a blue background with brushstroke-like patterns.

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CTA



Distal venous arterialization



Postoperation sign

- Right lower limb with good temperature,
- Right foot cyanosis disappear
- Right foot severe rest pain

The logo for LINC, featuring the letters 'LINC' in white, with a stylized graphic of three overlapping curved lines in red, orange, and yellow to the right.

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Interventional therapy



Balloon dilation



Follow up



- Rest pain disappear right away. Still have intermittent claudication.
- 6month later claudication disappear.

Other cases



all the patients underwent intra- and postoperative interventional procedure to breakdown the venous valve.

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Angiogram after intervention



Wound debridement

Before DVR and intervention



Debridement postop



The blood supply is very good after operation

Osteoporosis



Even patients have no symptom, we also observe osteoporosis sign in foot X-ray test

Osteoporosis



Conclusion

- Distal Venous arterialization with endovascular distal venous valve breakdown is an emergency way to treat desert foot
- Safe, effective
- This procedure is the last hope in no option patients with final failure of arterial system reconstruction.

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Thanks for your attention

Are you ready to take on the desert by storm?



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