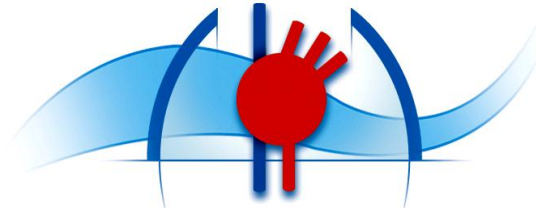


# Recanalization of long lesions with an optimized use of the balloon

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Department of vascular surgery  
Institut du Thorax, Nantes, France

**l'institut du thorax**





# 68-year-old man presented CLI

## **Clinical history:**

- peripheral arterial disease
- coronary artery disease and myocardial infarction
- coronary bypass (right saphenous vein was harvested)
- right ilio-femoral stenting

## **Cardiovascular risk factors:**

- smoking (15 packs/year)
- Hypertension
- overweight (body mass index, 31)



- Ischemic rest pain of the right foot
- Symptomatology had started 2 weeks ago

Arteriography

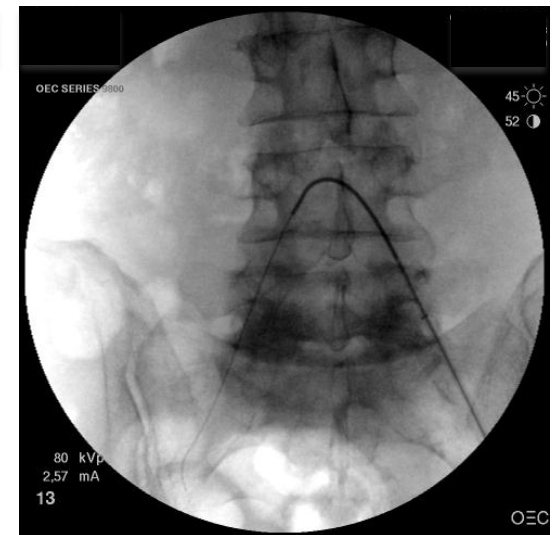
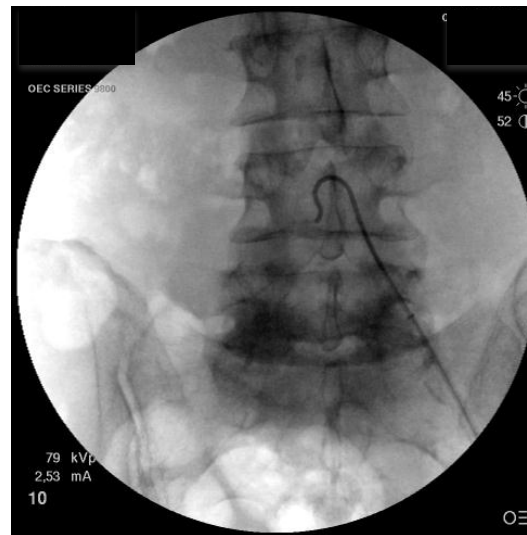
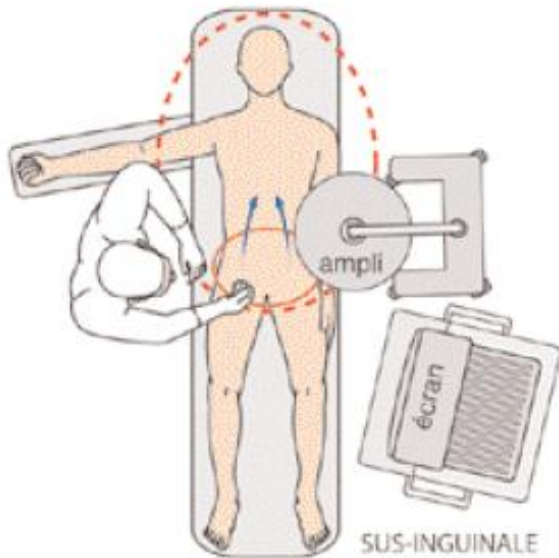


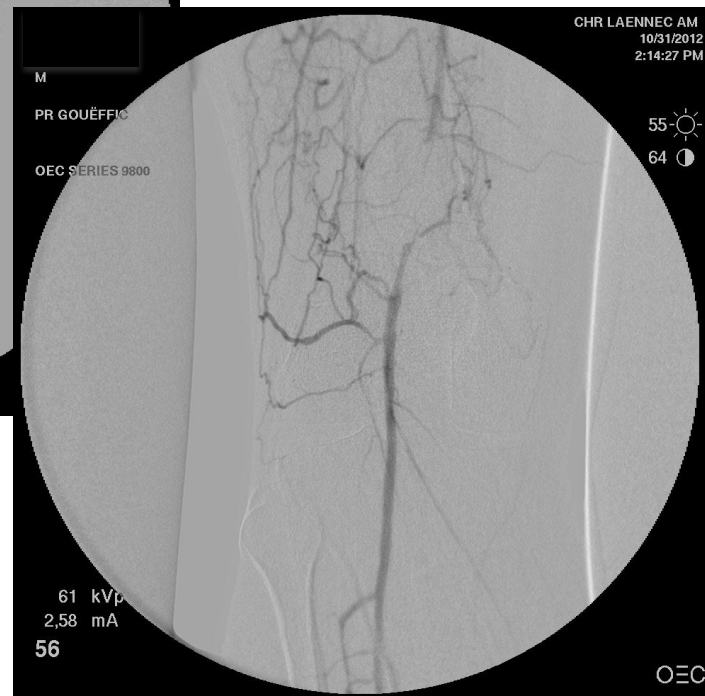
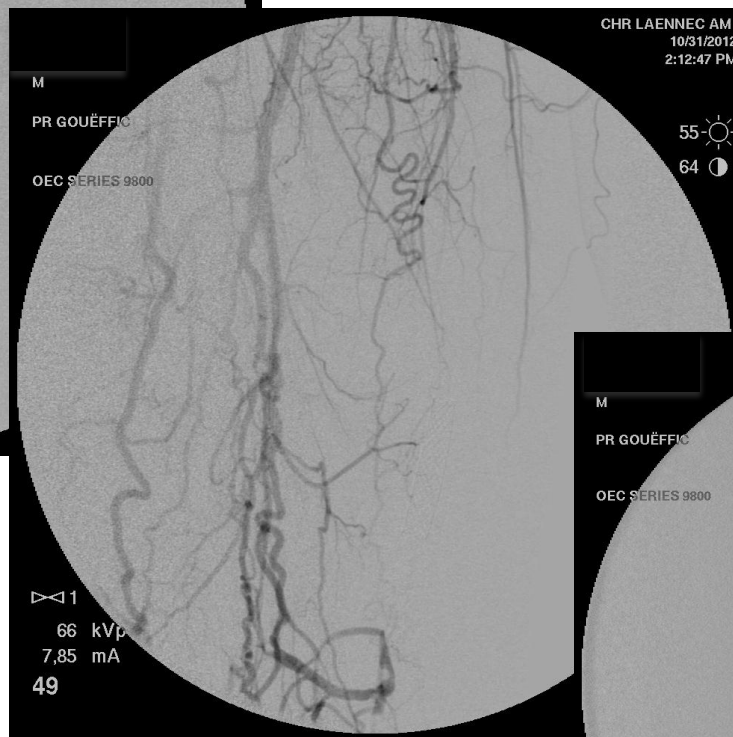
# Retrograde approche

Ponction of the left common artery

Under local anesthesia and conscious sedation

Using duplex scan





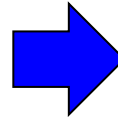
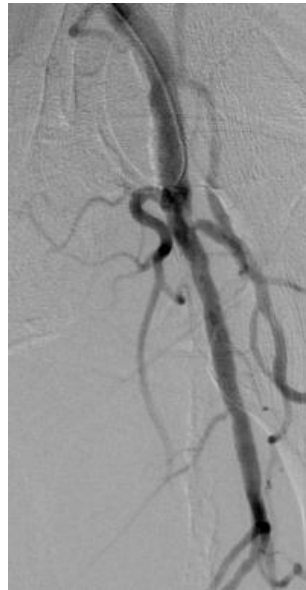


- CLI of the right limb
- Absence of vein substitute

**Endovascular treatment first  
to recanalise the femoro-popliteal  
segment.**



Hydrophilic 0.035-inch guidewire  
Balloon catheter 5-40mm (Powerflex Pro<sup>®</sup>, Cordis).





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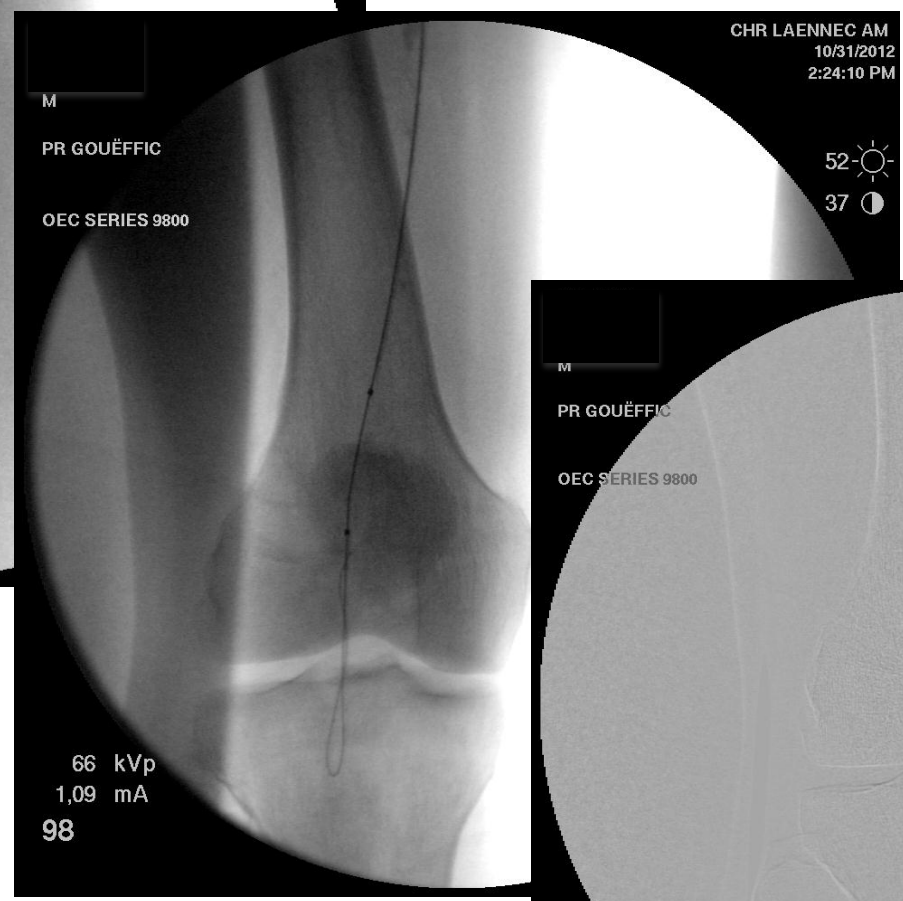
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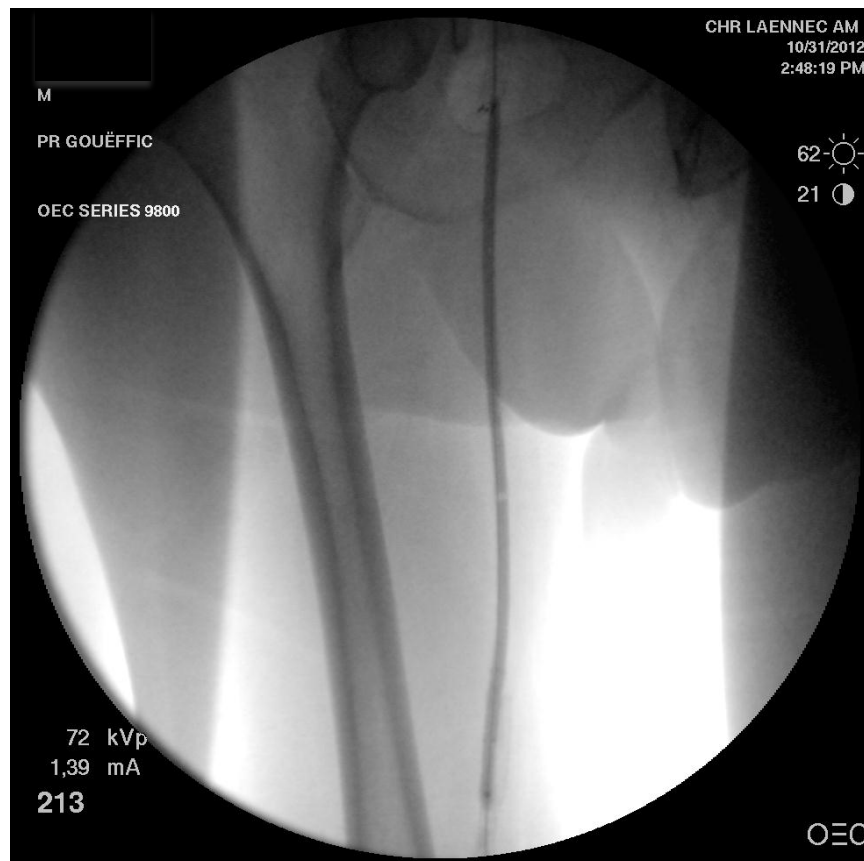
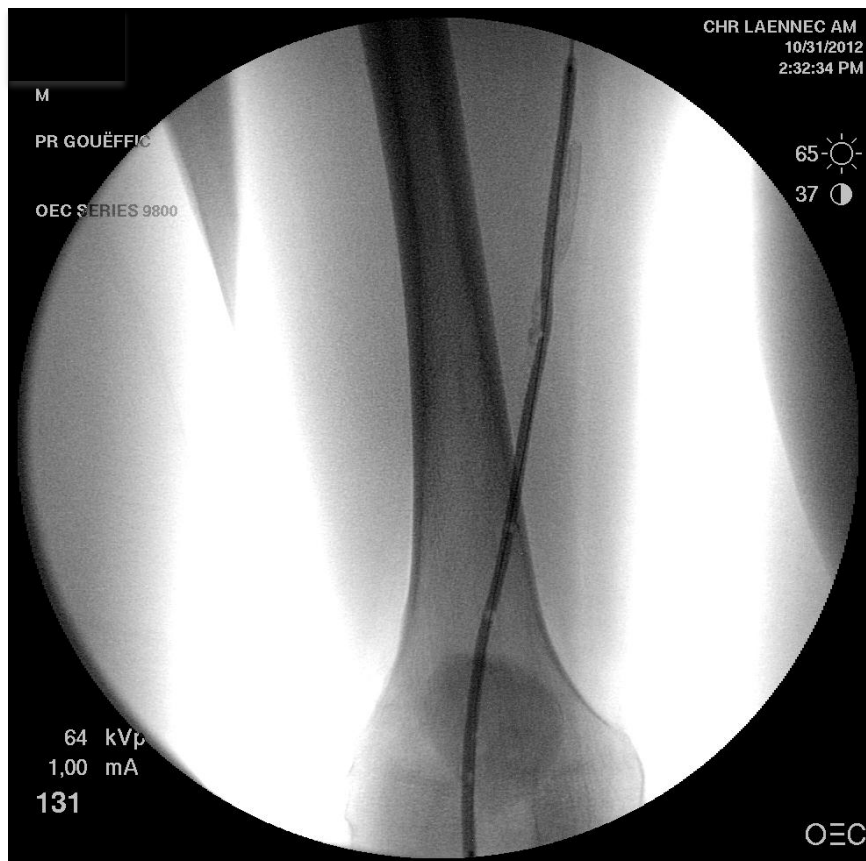
60 kVp  
2,35 mA  
103

OEC





# Predilation with a Powerflex Pro<sup>®</sup> balloon 5-220mm was necessary because of a tight subintimal space



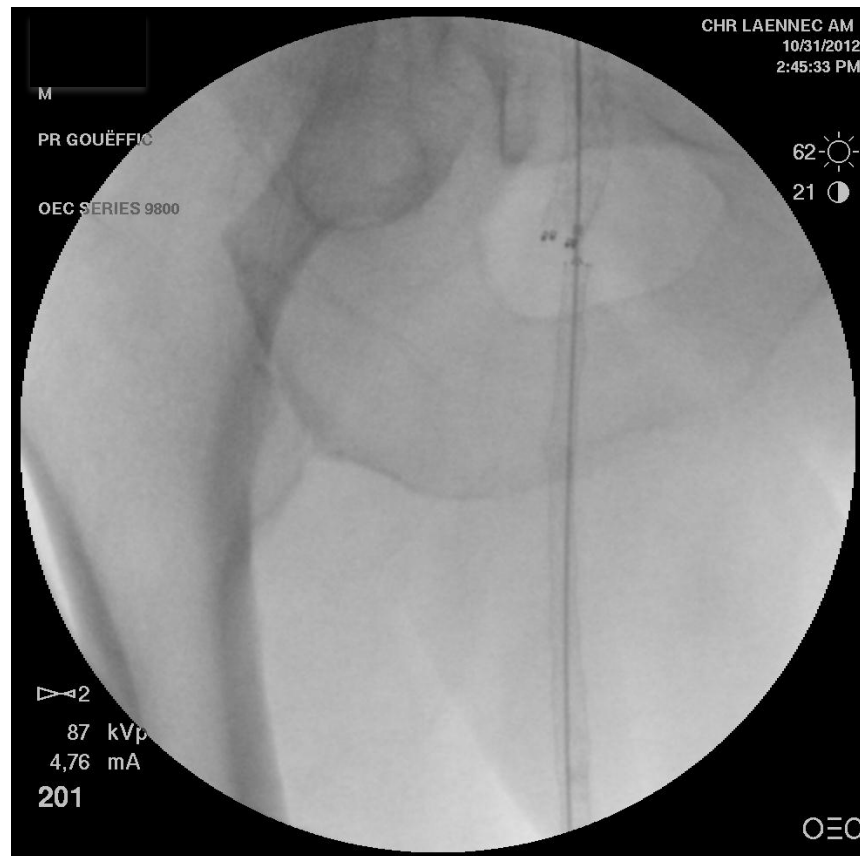
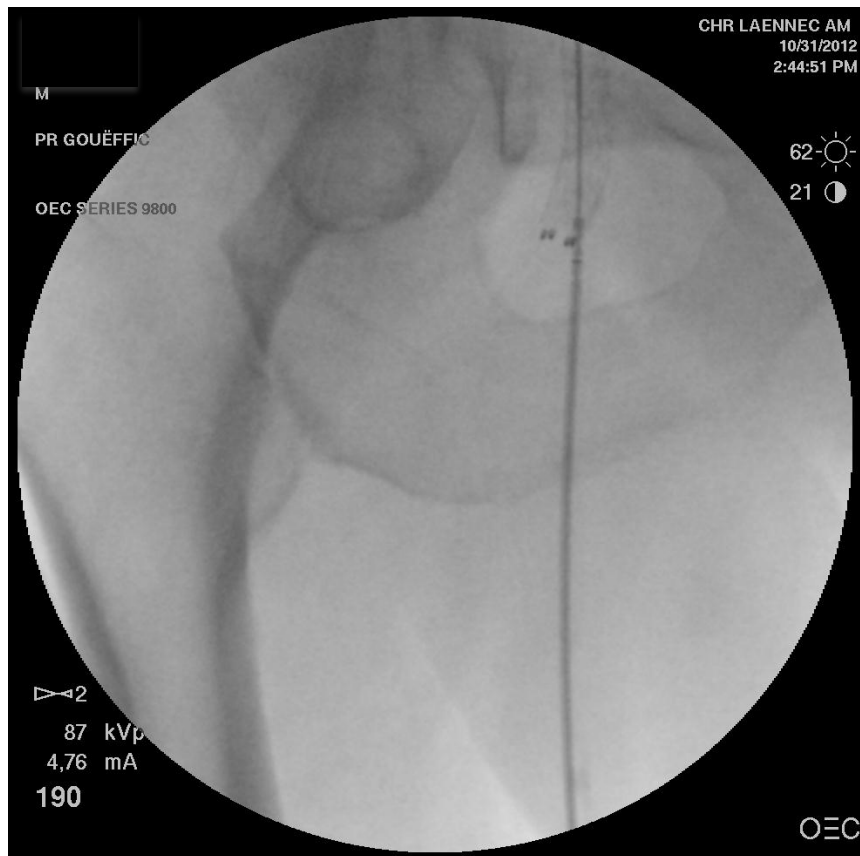


# Stenting (6-200mm, Lifestent<sup>®</sup>, Bard) and remodeling (5-220mm, Powerflex Pro<sup>®</sup>, Cordis).





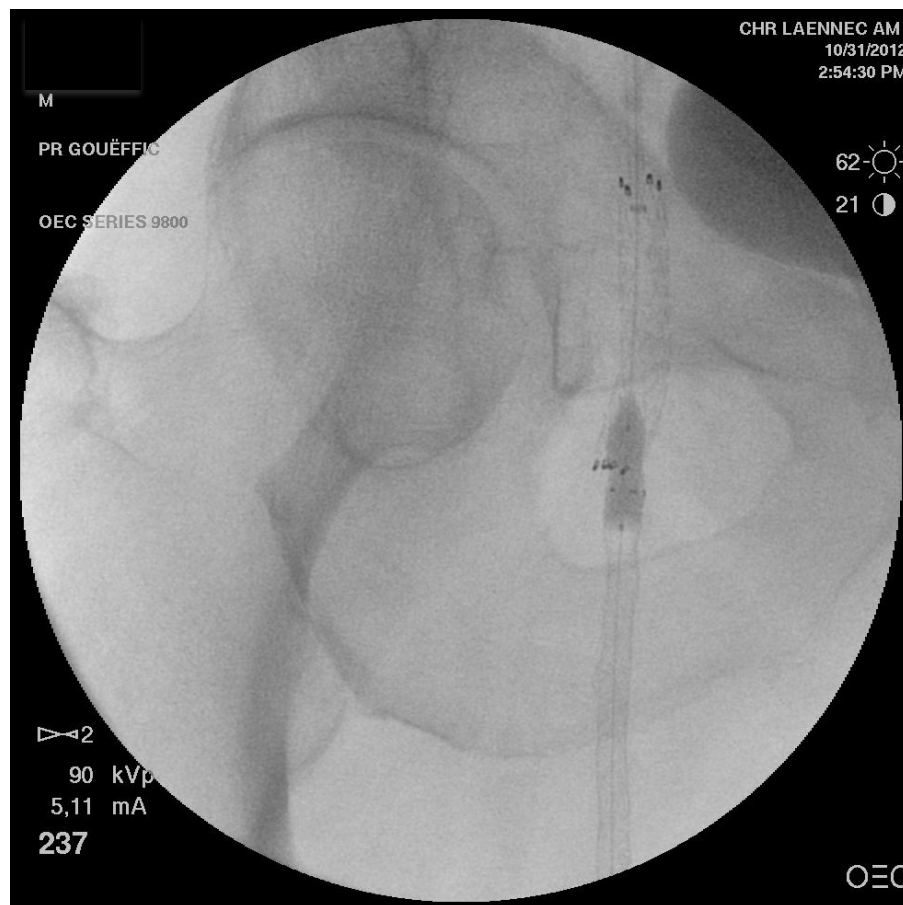
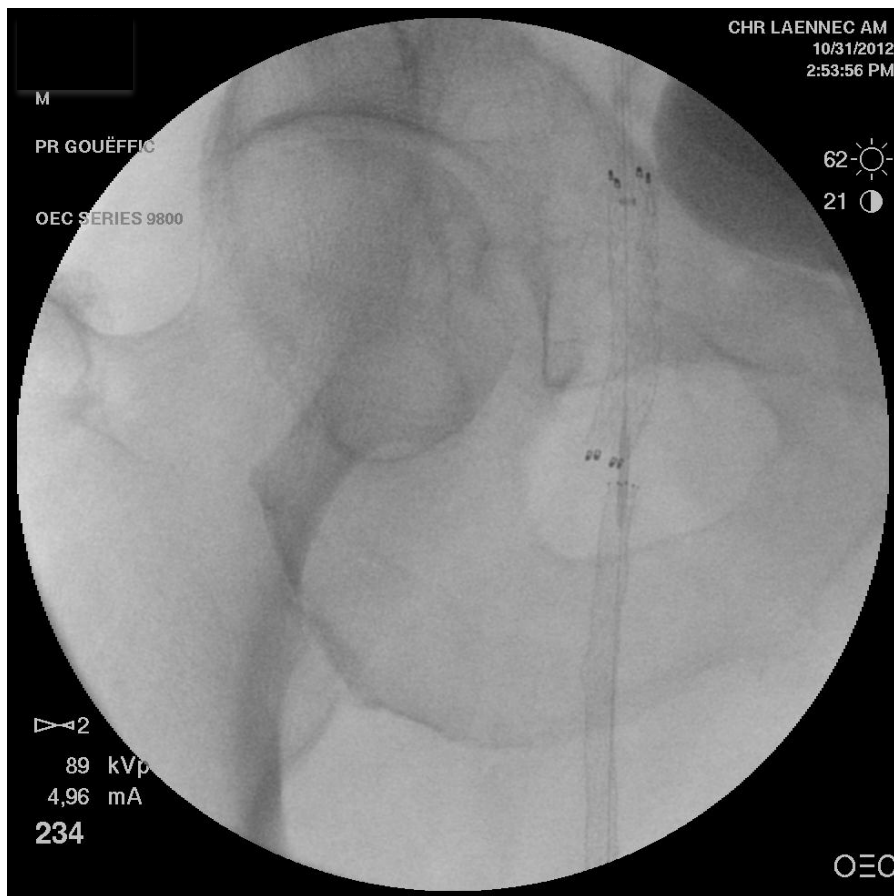
# Stenting (5-170mm, Lifestent<sup>®</sup>, Bard) and remodeling (5-220mm, Powerflex Pro<sup>®</sup>, Cordis).



1-cm overlap



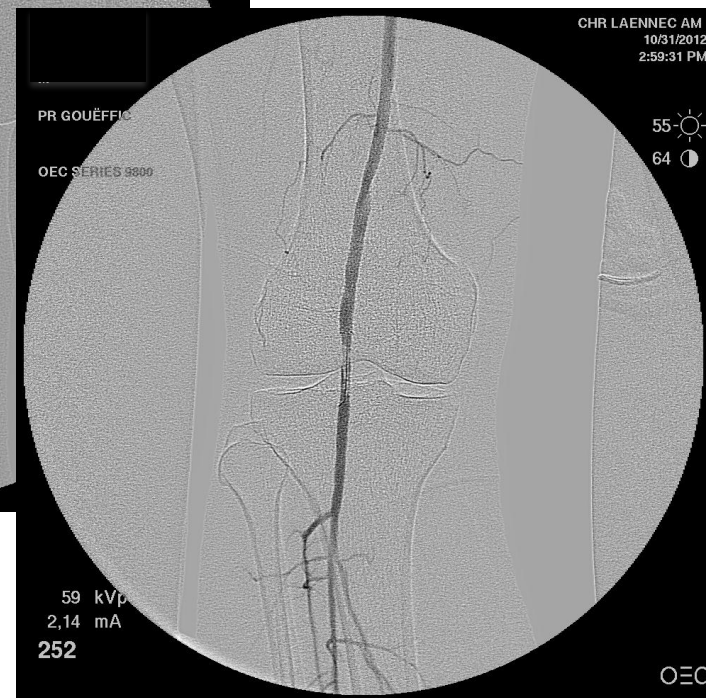
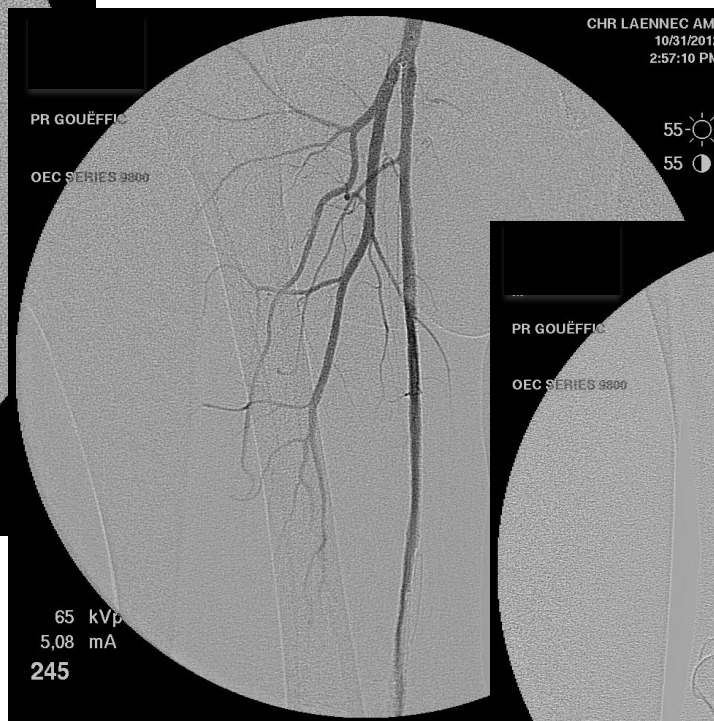
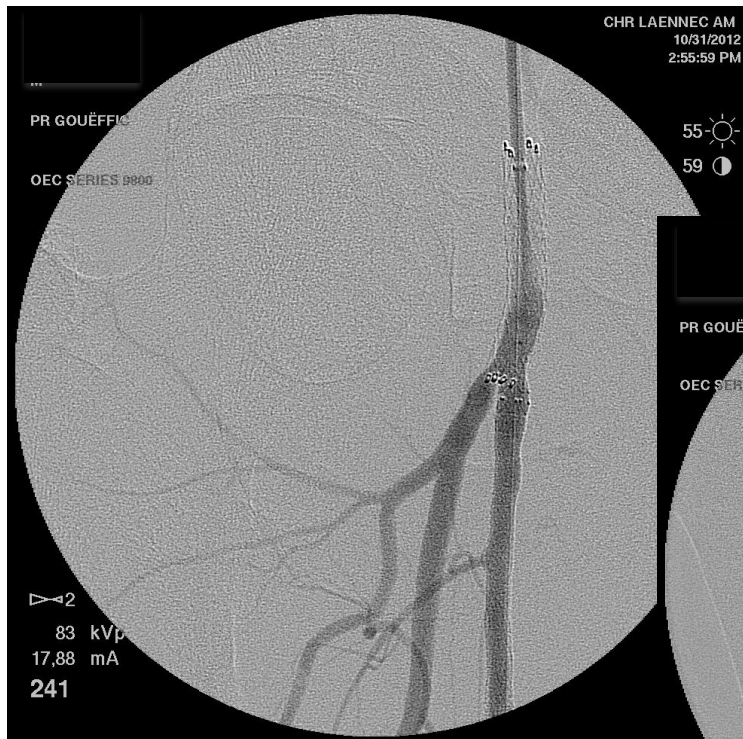
# 1-cm gap between the origin of the SFA and the proximal edge of the stent



a balloon expandable stent (Racer 6-18, Medtronic)



# Final assessment by DSA





# APA

- Postoperatively, a **prophylactic dose of low-molecular-weight heparin**
- **Aspirin** (75-160 mg day<sup>-1</sup>) and **clopidogrel** (75 mg day<sup>-1</sup>) were prescribed for 6 months.
- After 6 months, patients were prescribed only **clopidogrel**. The patient was discharged the next.



# Follow up

- **At 1 month**, asymptomatic (walking distance:1 km)
- **The duplex scan:** patent femoro-politeal axis without in-stent restenosis and with one patent tibial axis (fibullar artery).
- **Follow-up:**
  - medical examination, ankle brachial index measurement and duplex scan
  - 1, 3, 6, 9, 12 and 18 months and yearly thereafter.