

Progress Continues, But Challenges Remain

Over the past several years, we have devoted one issue from our annual offering to sharing a series of Challenging Cases and Great Saves articles that have been prepared by experts from across the field of peripheral vascular intervention. Although countless lessons can be learned in the controlled setting of a clinical trial or the by-the-book application of a tried-and-true technique, there will always be those unique cases that present us with something we have never seen before or at least something we did not expect. These individual cases can also be fruitful in the lessons they bear. Sometimes, anatomical demands or significant comorbidities confound our best-laid plans, forcing us to improvise; in other cases, a seemingly straightforward procedure can be derailed by a serious complication, from immediate device malfunctions and iatrogenic errors to long-term failures.

For this reason, it continues to be unquestionably important for interventionists around the world to take every opportunity to share our experiences via podium presentations, live case demonstrations, article publications, online communications, and of course, the age-old method of discussing our work with one another in person. What we glean from another physician's lesson can prepare us for those challenges that arise only rarely, as well as change the way we look at our daily bread-and-butter caseloads.

We open our Challenging Cases cover story with an interesting article by Vikram S. Kashyap, MD, FACS. His patient had a massive visceral artery aneurysm complicated by a superior mesenteric artery occlusion, treated with endovascular and then open repair. Next, Robert Worthington-Kirsch, MD, demonstrates how vital the relationship is among various clinical services with his case of an acute GI bleed in the emergency room. With an interventional radiology consultation, the patient was successfully treated with embolotherapy.

Frank R. Arko, MD, presents a case of fenestrated endografting for the treatment of a thoracic aneurysm. He cites some of the challenges involved but notes the promise of this treatment option as experience increases and technology expands. Jos C. van den Berg, MD, PhD, et al review the options for treating type A aortic dissection, showcased

with a case study in which retrograde recanalization was executed after emergent surgical repair. Alan H. Matsumoto, MD, and his coauthors detail the treatment of an abdominal aortic aneurysm and subsequent type III endoleak.

Next, James F. McGuckin, MD, utilizes a radiofrequency guidewire to cross a central venous occlusion in a patient undergoing dialysis through a tunneled dialysis catheter. Zvonimir Krajcer, MD, FACC, details an incidence of endograft migration and discusses how to prevent serious complications and a ruptured abdominal aortic aneurysm after endovascular aneurysm repair.



Kathleen M. Lamb, BS, and her coauthors detail a case of aortic endograft fungal infection, which is rarely reported, and type III endoleak, the treatment of which should be determined on a case-by-case basis. Finally, Aravinda Nanjundappa, MD, RVT; Robert S. Dieter, MD, RVT; and their coauthors present a series of ilio-femoral cases, describing various access methods and sharing insights into complications management.

We also have two intriguing department articles this month. The first, by Michael Wholey, MD, and coauthors, is an Imaging & Diagnostics article that examines the relationship between stroke and the Circle of Willis using multidetector CTA. The second, a Techniques article by Richard F. Neville, MD, et al, discusses developments in below-the-knee surgical bypass techniques, including innovations in vein bypass, prosthetic graft bypass, and procedure selection. As was also demonstrated in several of the Challenging Cases features this month, understanding and having ready access to surgical options continues to be essential in modern vascular care.

Our issue closes with an interview with Patrick Peeters, MD. Dr. Peeters, a renowned expert in peripheral interventions, discusses drug-eluting stents, from clinical trials to their future in different anatomic regions.

We hope that you find this month's articles to be informative, and we invite you to share your lessons with us as often as possible. ■

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