

Navigating Complex Cases



In this issue of *Endovascular Today*, an excellent list of challenging cases is presented involving revascularization from head to toe. Each case, in addition to being complex, highlights pivot points and high-level decision-making that interventionalists must consider. To make the case presenta-

tions interactive, questions with answer explanations are interspersed within the cases. After the case presentations, several practical current issues in the field of endovascular therapy are presented.

We open our series with two lower extremity case examinations. Multidisciplinary teammates Anahita Dua, MD, and Sara Rose-Sauld, DPM, share a critical limb ischemia case that explores the various options for below-the-knee limb salvage and navigating roadblocks such as wound healing and access to care due to location. Then, Justin Morrison, MD, provides a case that on initial presentation indicates a podiatric condition, but after referral to a vascular specialist, a diagnosis for peripheral artery disease was determined.

Next, Ethan P. McMoran, MD, and Andrew J. Gunn, MD, present a scenario that illustrates their decision-making when using splenic artery embolization to treat recurring variceal bleeding in a patient with non-cirrhotic portal hypertension.

Sipan Mathevosian, MD, and Wendy Nelson, CNS, then review a case that demonstrates considerations for the diagnosis and management of filter-associated inferior vena cava thrombosis.

Moving up the body to the lung, Bryan Kindya, MD, and Wissam A. Jaber, MD, describe a patient who presented with hypotension and hypoxic respiratory failure and discover a large pulmonary embolism (PE) to be the cause. The case highlights the diagnosis and treatment for PE with a discussion about available percutaneous therapies.

We then take a look at treating type B aortic dissection (TBAD) with a case from Jason Zakko, MD, and T. Brett Reece, MD. This case underlines the need for a stepwise approach to managing TBAD patients, either complicated or uncomplicated.

Our final interactive case tackles acute ischemic stroke with Keshari Shrestha, MD, and Joshua Seinfeld, MD, who use their case to reinforce the basics of stroke diagnosis, treatment, and postintervention management.

Elsewhere in this issue, medical device stakeholders from industry and the FDA illustrate a recent example on the use of real-world evidence with core lab analysis to create a propensity score-matched control group for new medical device evaluation.

We close this issue with an interview with Robert A. Lookstein, MD, who talks about the role of interventional radiology on its own and in multidisciplinary teamwork, what's next after the results of BEST-CLI and BASIL-2, and the potential for artificial intelligence in patient care.

We hope readers find this issue educational and informative as well as entertaining. ■

Kevin Rogers, MD
Guest Chief Medical Editor