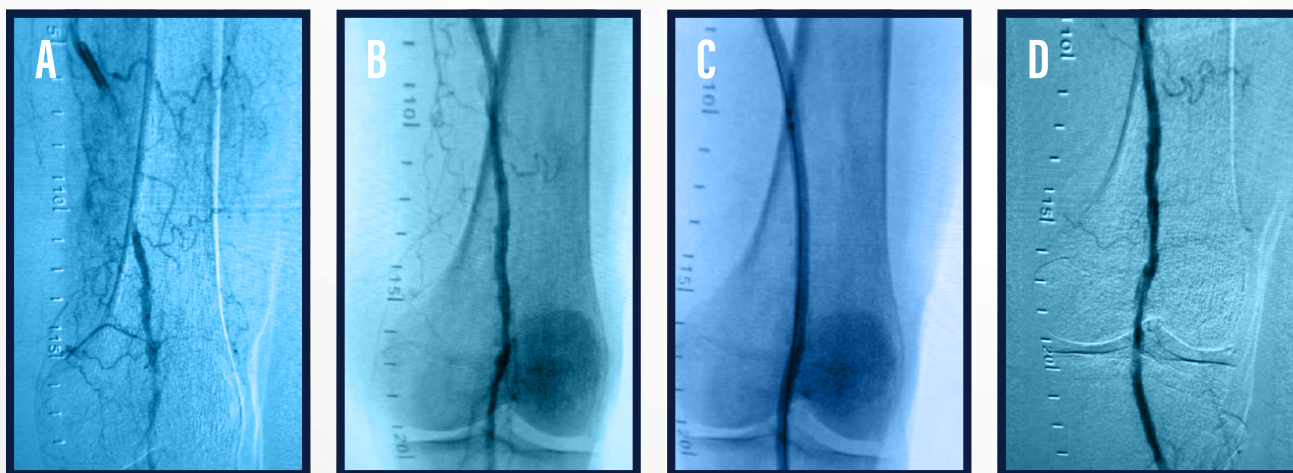


EXTENDING EXPECTATIONS FOR LONG SFA LESIONS



A 96-year-old woman presented with critical limb ischemia and toe wounds on the left foot. She had a chronic total occlusion (CTO) in the left distal superficial femoral artery (SFA) that was approximately 5 cm in length. The anterior tibial artery takeoff had a focal, near-occlusive calcified lesion. There was diffuse calcified disease throughout the distal SFA/popliteal artery (A). Via right femoral access, a 135-cm Trailblazer™ support catheter (Medtronic) and GlideWire (Terumo Interventional Systems) were used to cross the CTO and multiple lesions. A 4-mm SpiderFX™ embolic protection device (Medtronic) was placed in the mid anterior tibial, and multiple passes were made with a HawkOne™-M atherectomy catheter (Medtronic) through the distal SFA and popliteal artery (B). A 3.5- X 120-mm Chocolate™ PTA balloon (Medtronic) was used for predilatation. A 4- X 250-mm IN.PACT™ Admiral™ drug-coated balloon (Medtronic) was inflated at 11 atm for 3 minutes (C). A 2.5- X 40-mm Chocolate PTA balloon was used at the anterior tibial takeoff. Postprocedural angiography showed good results (D).

Case courtesy of Varinder Phangureh, MD.