CASE REPORT

Successful Removal of a Popliteal Embolus Using the Pounce™ Thrombectomy System Following Attempted Aspiration Thrombectomy

By Brett Voigt, DO

Patient Presentation

A 73-year-old male presented to the clinic with a 2-day history of left calf pain and numbness in his foot. His history included smoking and hypertension but no known peripheral artery disease and no medication.

Diagnostic Findings

Upon the initial exam, the patient had absent left popliteal and pedal pulses and cyanosis of his left digits. An initial venous duplex image was obtained but was negative for deep vein thrombosis. A subsequent angiogram was performed and showed an embolus in the popliteal artery (Figure 1). The patient was prepped for a thrombectomy intervention.

Treatment

The access sheath was upsized to an 8 Fr procedural sheath. An aspiration thrombectomy system was prepped and deployed to the area of the embolus within the popliteal artery. Unfortunately, after a few passes, the aspiration system failed to clear sufficient clot to improve flow to the patient's left foot. At that point, the Pounce™ Thrombectomy System was prepped and brought in to aid in removing the embolus. The physician's guidewire passed easily through the occlusion and landed in the anterior tibial (AT) artery. The Pounce™ System baskets were deployed in the mid-AT artery. The Pounce™ System funnel catheter was delivered over the Pounce™ System basket wire, and the funnel was deployed in the popliteal artery. The baskets were retrieved into the funnel, the whole system was locked, and the Pounce™ System was removed from the body, removing a moderate amount of clot (Figure 2). After further angiography, residual clot was also found in the posterior tibial (PT) artery. The physician then deployed the Pounce™ System again, with baskets in the mid-PT and the funnel in the popliteal artery. After a subsequent pass, the Pounce™ System was able to remove additional clot from the vasculature. A final angiogram revealed patent popliteal, AT, and PT segments (Figure 3).

Post-Procedure Outcome

The patient was discharged with an anticoagulation regimen with no immediate recurrences of thrombosis or

Figure 1. Initial angiogram demonstrating an occlusion of the popliteal artery (left) with distal reconstitution (right).

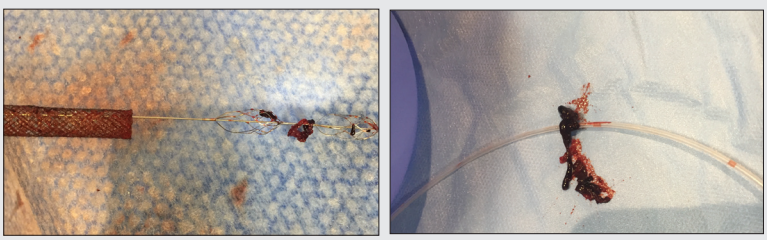

Figure 2. Clot removed during the Pounce™ Thrombectomy System passes. Used with permission from the author.

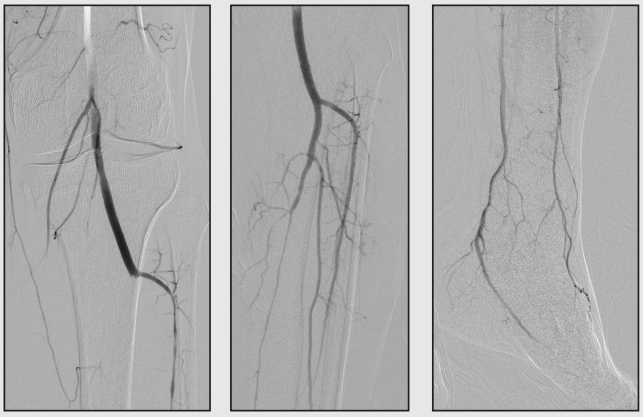

Figure 3. Final angiograms demonstrating patent popliteal, AT, and PT segments with reconstitution into the foot after Pounce™ Thrombectomy System passes.

need for secondary intervention. The 1-year duplex ultrasound continued to show a widely patent popliteal artery and tibioperoneal runoff. The Pounce™ Thrombectomy System was able to efficiently remove embolic debris where aspiration thrombectomy was unsuccessful. ■

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Disclosures: None.