

**iVS**

interactive Vascular Summit

# Wound related revascularization in CLTI

## CASE BASED DISCUSSION

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Barcelona 30<sup>th</sup> June / 1<sup>st</sup> July 2022

**iVascular**  
therapies for living

# DISCLOSURES

**Speaker name:**

*August Ysa*

**I have the following potential conflicts of interest to report:**

- Consulting: BD, Boston Scientific, Abbott, Terumo
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare Company
- Other(s): Honorarium: Asahi/World Medical, i-Vascular, Biotronik, Medtronic

# CLINICAL CASE

- ♂ 67a, NKA, former smoker
- HBP, NIDDM, dyslipidemia
- CAD (PCIx3). Moderate systolic dysfunction
- COPD

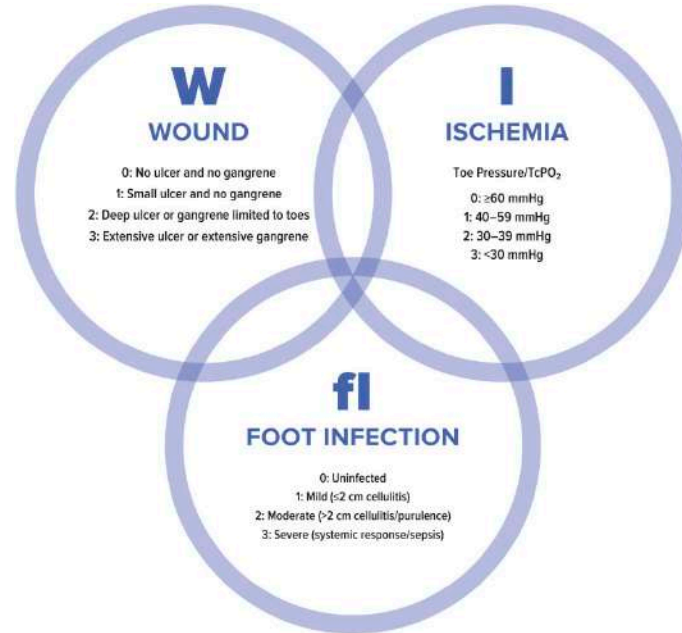
Current treatment: OHA,  
Eprosartan/Hctz, ASA,  
clopidogrel, Atorvastatin



# CLINICAL CASE



“Forefoot necrosis with surrounding cellulitis”

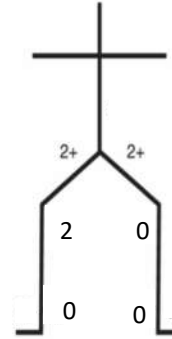


W<sub>3</sub>I<sub>3</sub>FI<sub>2</sub>

# CLINICAL CASE

## PHYSICAL EXAMINATION:

- Forefoot necrosis
- WBC: 13.500 cells/mm<sup>3</sup>
- Non-compressible ABI
- TCpO<sub>2</sub>: 14mmHg
- W<sub>3</sub>I<sub>3</sub>F<sub>12</sub>



➤ *Prior BTK revascularization procedure (1m)*

“... failed ATA recanalization attempt due to multiple distal perforations...”



The logo for the Interactive Vascular Summit (iVS) features the lowercase letters 'i' and 'VS' in a bold, sans-serif font. The 'i' is red, while the 'V' and 'S' are dark blue.

Interactive Vascular Summit

A detailed anatomical illustration of a human hand and forearm, rendered in a semi-transparent blue color. The vascular system is highlighted in a vibrant red, showing a complex network of arteries and veins branching throughout the hand and forearm. The background is a solid dark blue.

# POLL

Barcelona  
30<sup>th</sup> June / 1<sup>st</sup> July

# 2022

## POLL 1

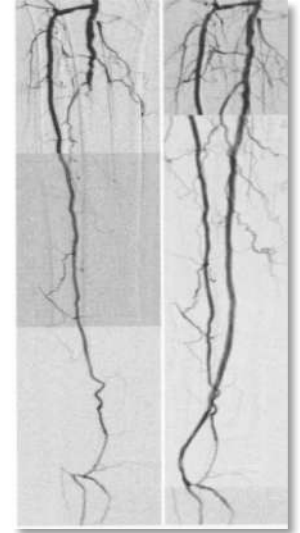
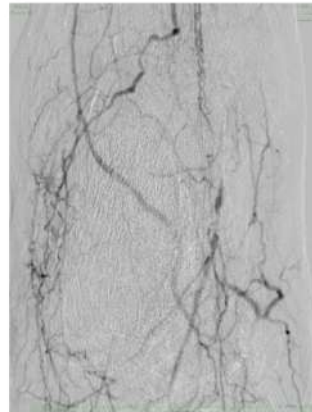
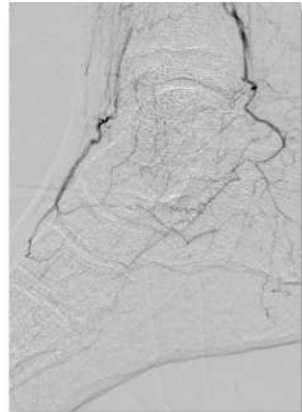
- What would it be your target vessel?
  - a) Anterior tibial
  - b) Posterior tibial
  - c) Peroneal
  - d) Any of them



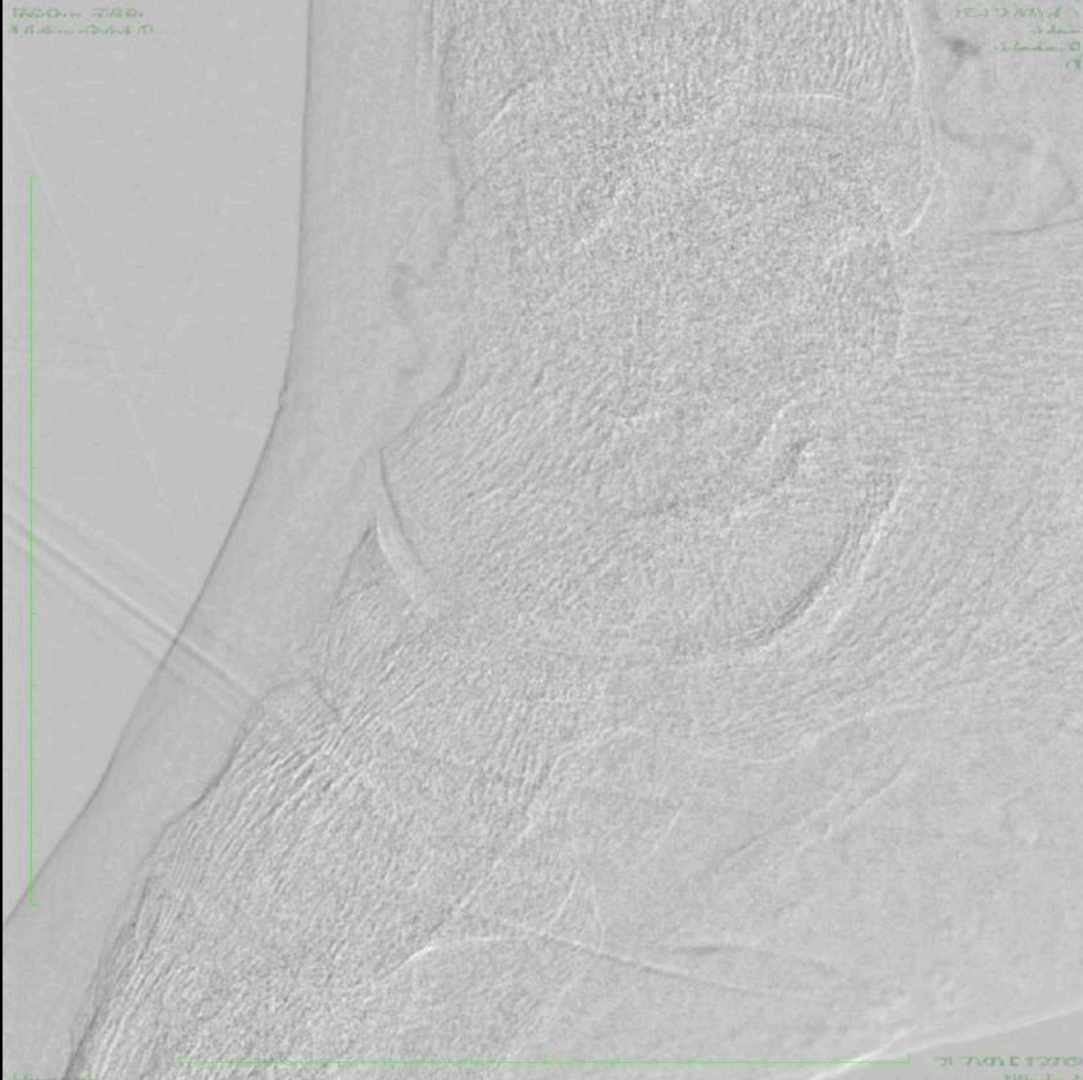
# POLL 1

## • 3 clues:

- 🔑 Prior failure with AT perforation
- 🔑 Anterior tibial take off
- 🔑 DP reconstitution



ANATOMICAL  
VARIATION



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Interactive Vascular Summit

A semi-transparent blue anatomical illustration of a human hand and forearm, overlaid with a detailed network of red blood vessels. The vessels are shown branching out from the forearm down to the fingers, highlighting the complexity of the vascular system.

# POLL

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# 2022

## POLL 2

- **Would you consider to go for a second vessel?**
  - a) NOT
  - b) YES
  - c) depending on the PAT value or other predictive tests



	PAT	ISCHEMIA
CLASS 1	20-120msec	not
CLASS 2	121-180msec	mild
CLASS 3	181-224msec	moderate
CLASS 4	>225msec	severe



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Interactive Vascular Summit

An anatomical illustration of a human hand and forearm, rendered in a semi-transparent blue color. A complex network of red blood vessels is overlaid on the hand and forearm, showing the intricate branching of the vascular system. The background is a solid dark blue.

# POLL

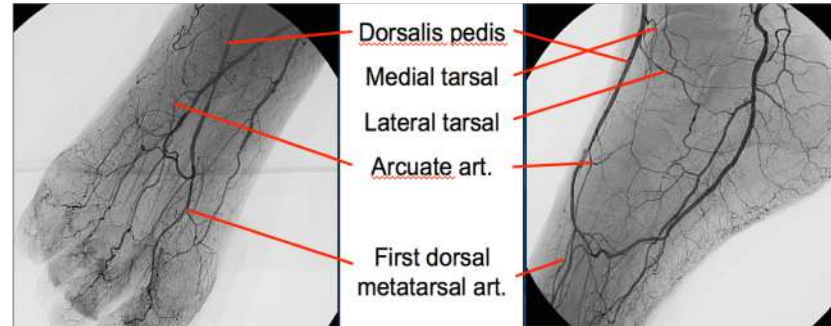
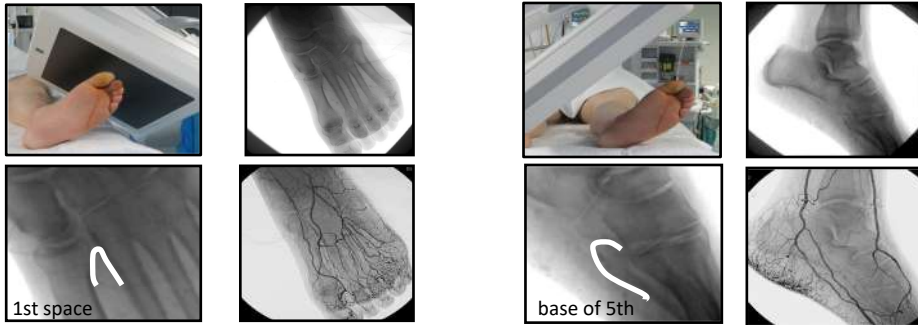
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# POLL 3

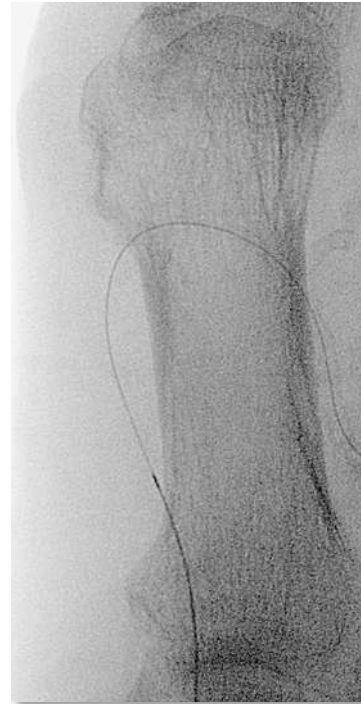
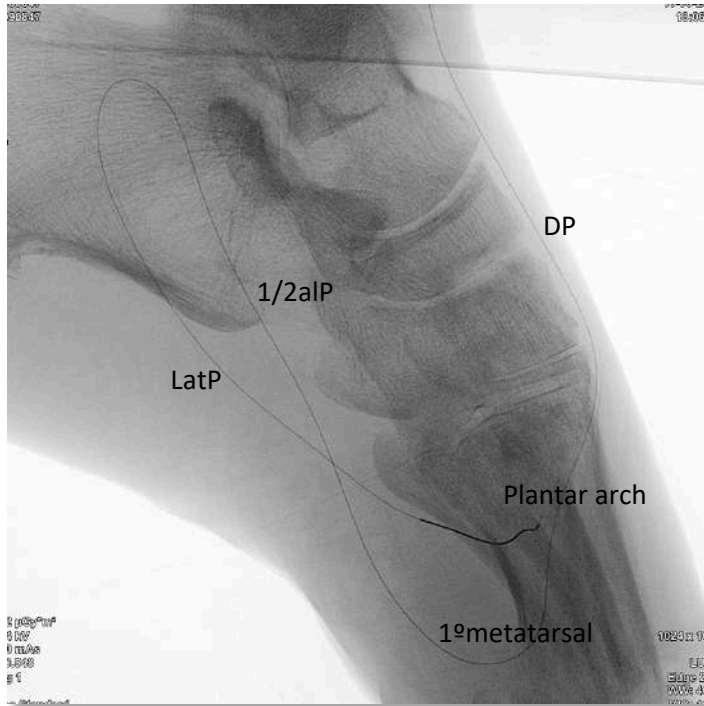
- Where the hell is that wire?

- Importance of being familiar with the anatomy
- Importance of different projections



# POLL 3

- What about this one?



1st metatarsal





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## POLL 4

- Why is so unusual to see the use of DCB in BTA vessels?
  - a) Not enough evidence
  - b) Concerns about distal embolization/ slow flow phenomenon
  - c) Reluctance to use DCB too close to the target wound
  - d) I systematically use DCB in BTA vessels



# CLINICAL COURSE

- Intraoperative swabs:
  - Serratia Marcescens
  - Klebsiella pneumoniae
- TMT amputation
- PHYSICAL EXAMINATION:
  - PT and DP pulse (+)
  - TCPO<sub>2</sub>: 65mmHg
- Discharged home (7 days) with home care assistance and complete wound healing



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