



iVS

interactive Vascular Summit

Common femoral artery stenting for restenosis

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Barcelona 30th June / 1st July 2022

iVascular
therapies for living

Case introduction

a. Patient status and medical history

69 years old man

Past history: - smoking habit

- type 2 diabetes

- arterial hypertension

- dyslipidemia

- ischemic and dilated cardiopathy with myocardial infarction in 1987, CABG in 1994 and 1997, and PTCA in 2016

- left common femoral artery endarterectomy with venous patch after counterpulsation in 1997, left common iliac artery stenting in 2007, both common iliac arteries stenting in 2010, and redo left common femoral artery endarterectomy with prosthetic patch in 2010

Case introduction

Left calf Rutherford stage 3 peripheral arterial disease (PAD)

Walking distance uphill 100 meters

Medications: - CEI

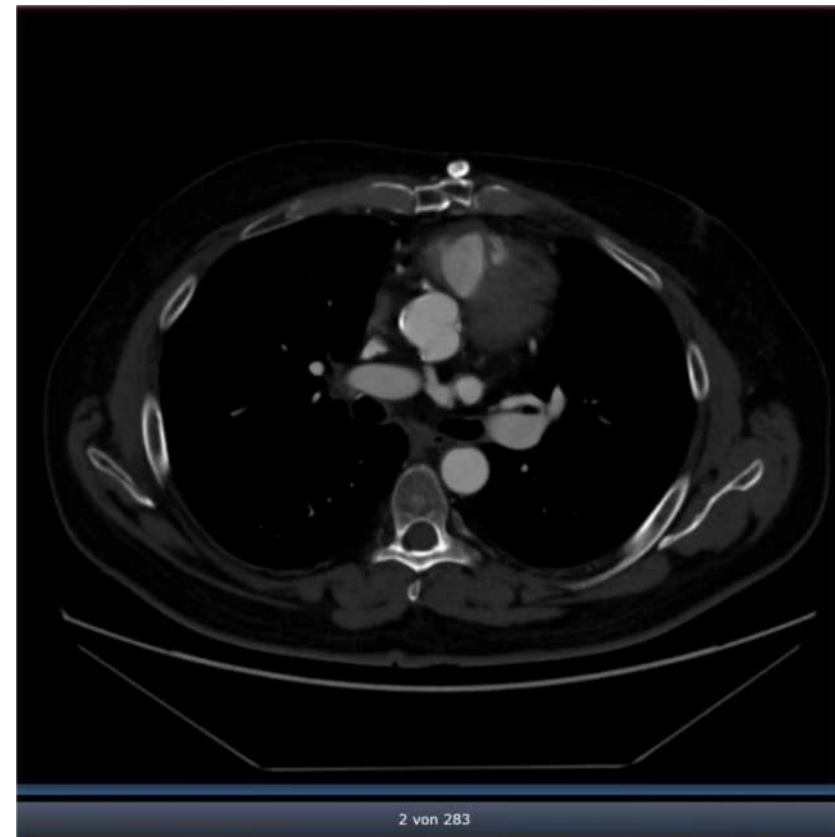
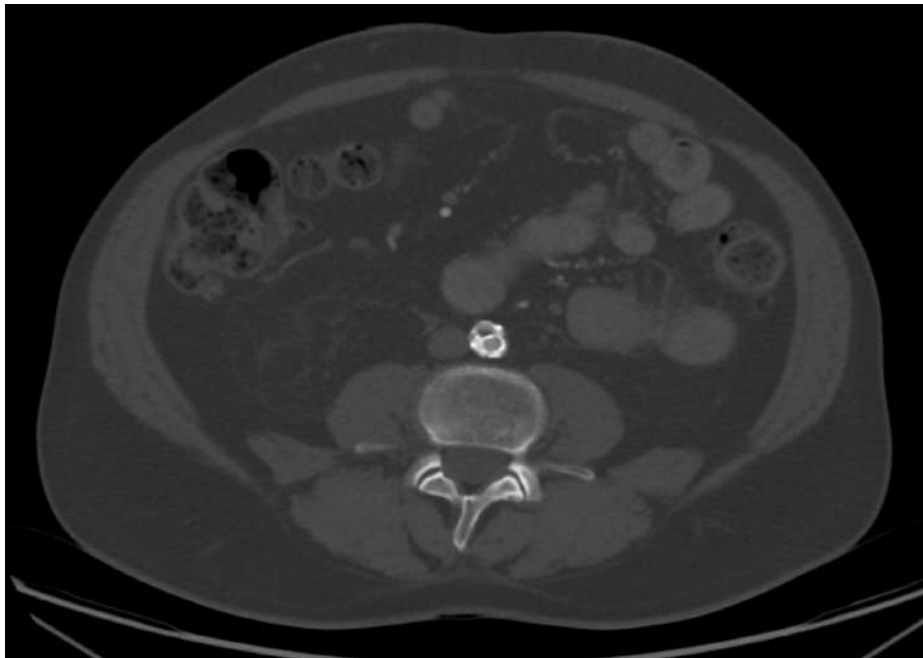
- β -blocker
- Metformin
- Insulin
- Aspirin
- Rivaroxaban 2,5 mg
- Statin

Left ABI 0,9

Case introduction

b. Lesion information and pre-procedure CT angiography

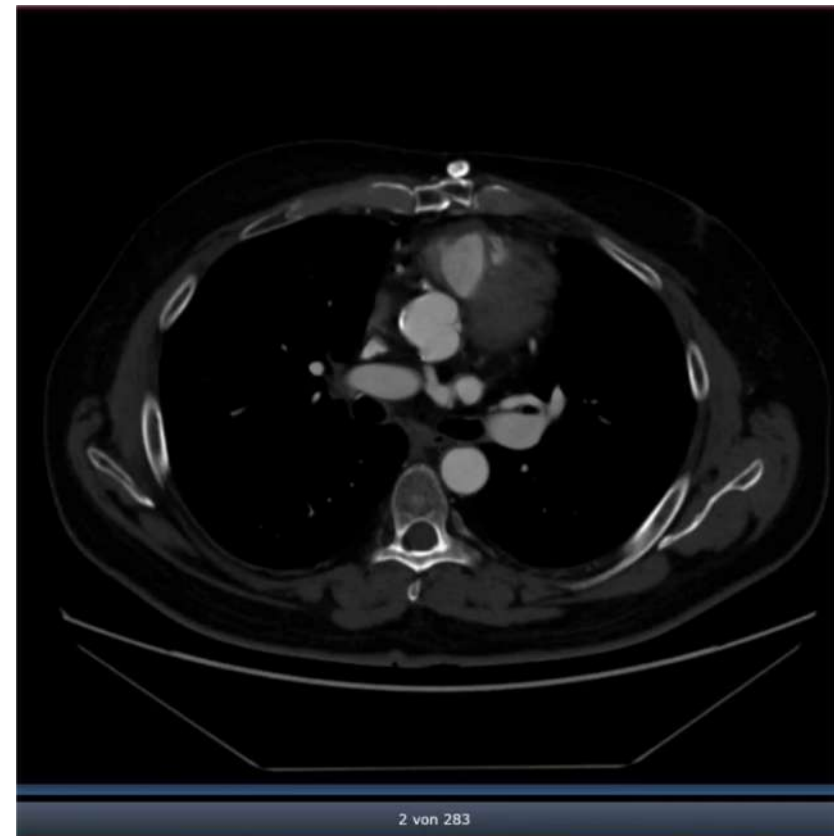
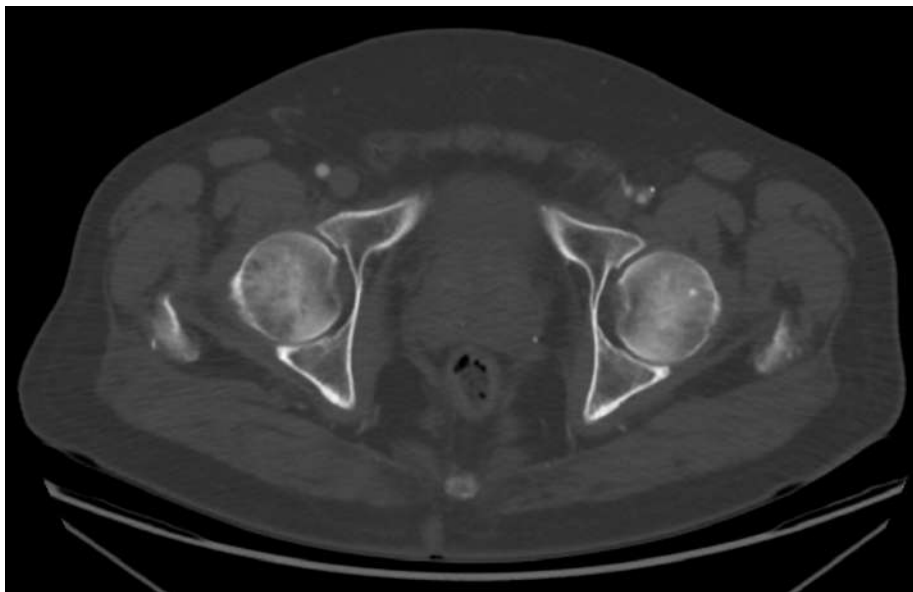
ISR in the right common
iliac artery



Case introduction

b. Lesion information and pre-procedure CT angiography

Tight stenosis at the left
ilio-femoral junction



Case introduction

c. Treatment approach

Loco-regional anesthesia

7 Fr sheath into the right common femoral artery

7 Fr sheath into the left common femoral artery

Soft 0,035 guide wires

Balloon mounted covered stents in the stents of the common iliac arteries

Self expandable stent in the left ilio-femoral junction

Post-dilatation in the self expandable stent

Closure devices

Procedure

Material used to cross, prepare and treat the lesion

iCover 9mm-57 mm in both common iliac arteries



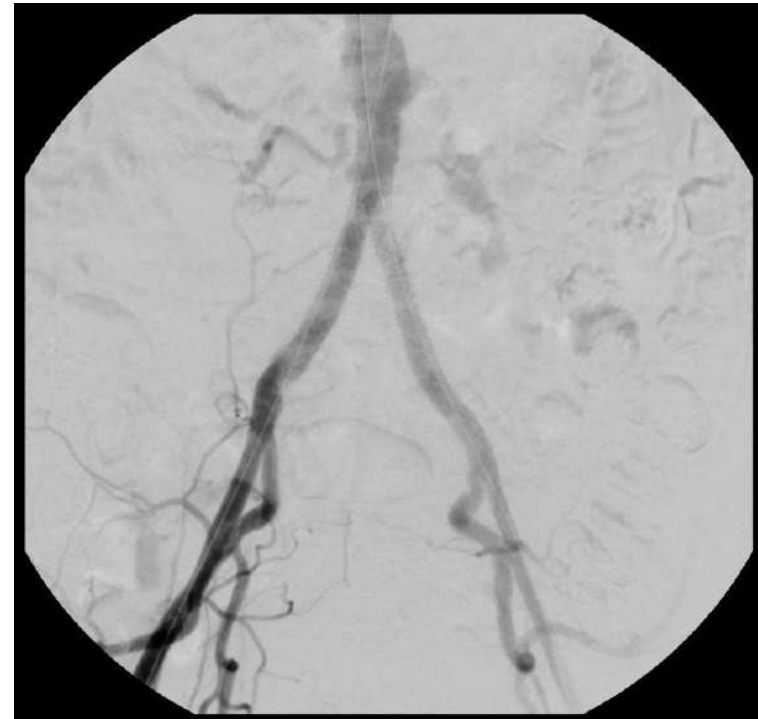
Procedure

Material used to cross, prepare and treat the lesion

Pre-iliac procedure



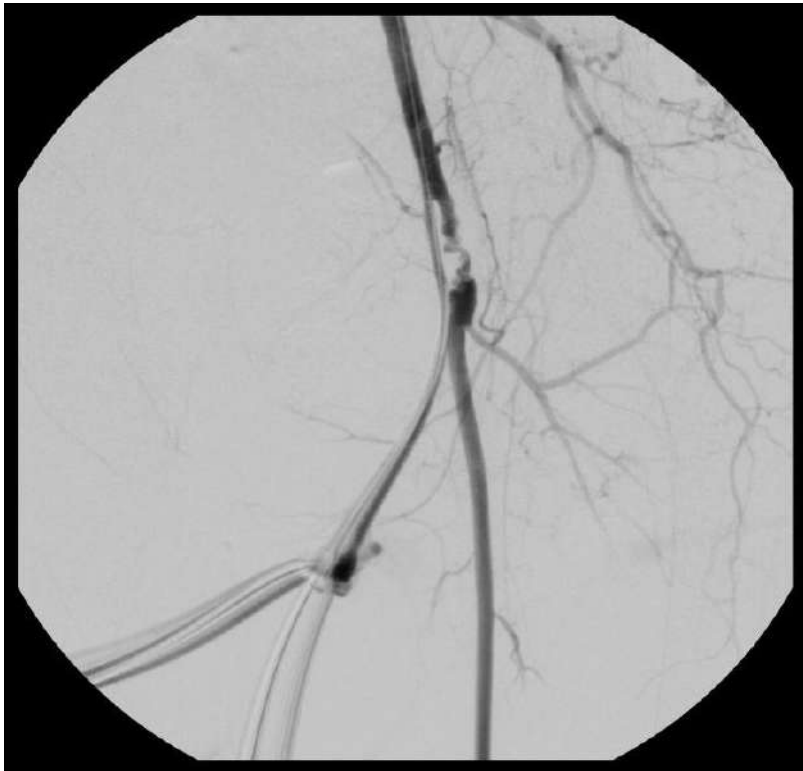
Post-iliac procedure



Procedure

Material used to cross, prepare and treat the lesion

Left ilio-femoral junction



- Common femoral artery involved
- Longer lesion
- 7 Fr sheath misplaced!

→ **plan B needed :**

6 Fr sheath into the superficial femoral

Soft 0,035 guide wire

Predilatation

Balloon mounted covered stent

(stenosis + sheath's hole)

Procedure

Material used to cross, prepare and treat the lesion

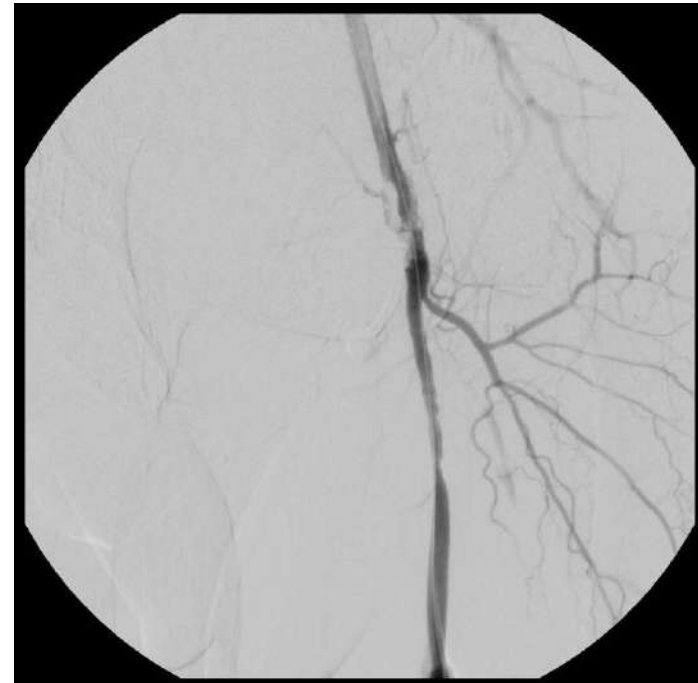
Predilatation with Oceanus

7mm-40mm



Post-predilatation

angiography



Procedure

Material used to cross, prepare and treat the lesion

iCover 7mm-37mm → stenosis

→ sheath's hole



Conclusion

Final angiography



Follow-up

- 2 months follow-up
- Patient status : Rutherford stage 0 PAD

Walking distance only limited by dyspnea

Left ABI 1

Duplex ultrasound good

Thank you