

# **CASE 2:**

# **Complication in BTK**

**Dr. L.M. Palena, MD**

Interventional Radiologist Unit

Policlinico Abano Terme

PD - Italy

# Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

- Consulting: iVascular
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

I do not have any potential conflict of interest

## Case

- 59 years old male, No Diabetic, dyslipidemia, hypertension, CKD, Atrial Fib. CAD. Previous MI (PCI). Previous target lower limb revascularization failure + toe amputation. Patient described as "No Option Patient"
- CLTI of the right foot. Rutherford 6; TcPO<sub>2</sub>: 4 mmHg. WIfI score: 2,3,2.
- Ulcers on the 2 toe.

CKD- Chronic Kidney disease

CAD--- Coronary Artery Disease

PCI---Percutaneous coronary intervention

CABG---Coronary artery bypass grafting

CLTI--- chronic limb- threatening ischemia

TcPO<sub>2</sub> ---Transcutaneous Partial Pressure of Oxygen

WIFI score--- Multivariable analysis of Wound, Ischemia, and foot Infection (**WIFI**) components and classification schemes.



# Question 1: How to proceed?

- Still options for EVT?
- Surgical revascularization?
- Hybrid DVA?
- Amputation?



## Question 2: And now?

- Stent?
- Surgical extraction?
- Leave it there?
- Endovasc Extraction?





# CONCLUSIONS

- Even to treat a previously treated patient can be a nightmare and could need to solve a previous complication
- Dedicated devices usually allow to avoid some type of complications
- A no-Option patient is a patient that fails in expert hands