65 year old male with critical limb ischemia and critical aortic stenosis being worked up for TAVR

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Disclosure

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I have the following potential conflicts of interest to report:

- [X] Consulting - I am a consultant for Medtronic
- [ ] Employment in industry
- [ ] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [ ] Other(s)

- [ ] I do not have any potential conflict of interest
65 y.o male presented to cardiology/cardiac surgery for Transcatheter Aortic Valve Replacement (TAVR) evaluation secondary to severe aortic stenosis

- Mean gradient 58 mmHg
- Valve area 0.42 cm$^2$
- Valve area index 0.21 cm$^2$/m$^2$
- Mild regurgitation
- EF 36%
History

• During his initial TAVR evaluation he was admitted for cellulitis ascending to the left thigh and gangrene of his 2\textsuperscript{nd} and 3\textsuperscript{rd} toes

• Risk Factors/PMHx
  • PAD with a history of a failed left fem-pop bypass at an outside institution 1 year prior
  • Dialysis dependent
  • COPD
TcPO2
Left Below knee- 32
Left proximal foot- 3
Left distal foot- 5
Imaging

CTA- No significant aortic or iliac artery inflow stenosis
Proximal anastomosis of occluded fem-pop bypass
Attempts to cross from above were unsuccessful with multiple wires and catheters.
The peroneal artery was accessed with a 20 g needle, V18 (Boston Scientific), and a 018 Rubicon (Boston Scientific)
Significant intimal dissection following predilation and prolonged inflation of drug coated balloons
AV fistula at site of peroneal puncture
Transmetatarsal amputation performed following revascularization.

TAVR successfully completed 5 weeks after revascularization.
Angiographic finding 9 weeks later during a procedure for his contralateral leg.
20 week follow-up

- TcPO2-41 at proximal foot
- Duplex- Widely patent
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