Thrombolysis and “Culottes” technique performed in a BTK case resulted from fem-pop aneurysm

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Disclosure

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I have the following potential conflicts of interest to report:

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

- I do not have any potential conflict of interest
Why show this case

- Easy to misdiagnose
  -- CLI (ABI: R 0.26)
  -- Fem-Pop aneurysm

- Complex lesion
  -- long segment
  -- CTO
  -- BTK (Tri-furcation)
How shall we do

• Step 1
  -- Contralateral access;
  -- SFA & Pop A pre-balloon dilating (admiral 4*120mm);
  -- Uni-fuse (5Fr*400mm);
How shall we do

• Step 2
  -- Re-confirm the run-off (below the trifurcation);
  -- Thrombolysis with Urokinase (50,000IU simultaneous & 25,000IU q6h*4 post-procedure)
How shall we do

• Step 3 (24hrs later)
  -- Angiography

  -- Xience DES（4*38mm, Abbott）cross the trifurcation, cover the residual thrombosis in T-P trunk
DES used below the knee

DESTINY研究
DES used below the knee
How shall we do

• Step 3

-- Viabahn × 3
（6*150mm, 7*150mm, 7*150mm, GORE）from pop. A To SFA
Covered-stents in fem-pop aneurysm cross the knee

Rabih Chaer, MD, SCVS March29-April2, 2105
Contemporary outcomes of open and endovascular popliteal artery aneurysm repair

Primary, primary-assisted and secondary patency rates were similar to 3 years (OR: 79.5, 83.7 and 85% vs ER: 73.2, 76.3 and 83% p=N5).
Treat of T-P Trunk bifurcation

• Step 3
  -- PT2 re-cross the Xience DES “cell” & into a branch of the peroneal. A

  -- The second Promuse DES (3.5*16mm, Boston Science) positioned towards the unstented peroneal. A & expanded leaving proximal overlap
“culottes” technique in trifurcation

**Step 1:**
Both branches are wired and dilated.

**Step 2:**
The wire from the straighter branch is removed and the stent is deployed in the more angulated branch.

**Step 3:**
The wire is removed from the stented branch. The stent is re-crossed and the unstented branch is dilated.

**Step 4:**
The second stent is positioned towards the unstented branch and expanded leaving proximal overlap.

**Step 5:**
The first stent is re-crossed and FK balloon inflation is performed.
After “culotte”
How shall we do
6 mths Following-up

ABI: R 1.02
THANK YOU!
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