The case of CLI treated for ipsilateral iliac CTO, SFA and BTK lesion using switch back technique in single strategy

Fukuoka Tokushukai Medical Center
Department of Cardiology:
Shogo Morisaki, Hideki Shimomura
Disclosure of conflict of Interest
Shogo Morisaki

This presentation is not related to any company with a conflict of interest that should be disclosed.
Case: 79y Male
Clinical Problem: left foot ulcer

The clinical course at the previous hospital

- CFDN 300mg
- CFPN 300mg
- CEZ 3g
- Alprostadil 10μg

ABI: right/left 0.55/0.56

Arteriography for lower limb

First visit
Transfer to our hospital
Physical findings on admission

- WBC: 9200/μl
- CRP: 0.85 mg/dl
- CPK: 998 IU/l
Arteriography for lower limb
The problem and my strategy for this case

1. Complicated with infection and collapse of the tissue
   ⇒ The improvement of blood flow at earlier stage is necessary.
   ⇒ The revascularization in the single stage is the best.

2. Ischemia in the multi parts (ipsilateral iliac, SFA, and BTK)
   ⇒ The switch back technique is useful?
Target lesion①; right EIA
Approach; right femoral ipsilateral
Guide sheath; 6Fr10cm

Post

After stent implantation
First step to switch back
Puncture and Insertion of guide sheath

Parent plus 6Fr23cm

Proximal
Distal
Target lesion②; left CIA and EIA

Approach; bi-femoral artery

Guide sheath; Destination45cm, Parent plus6Fr23cm
Switch back technique

Proximal

Distal

①

②

③

.Cruise

0.035

Proximal
Distal

*Cruise=Regalia XS
Target lesion③; left SFA distal
Approach; ipsilateral left femoral artery
Guide sheath; Parent plus 6Fr23cm
Target lesion 4; left ATA, PTA
Approach; ipsilateral left femoral artery
Guide sheath; Parent plus 6Fr23cm
Final angiogram
Minor amputation
Day 6 after intervention
2 month after intervention
Conclusion

• Switch back technique is useful for ipsilateral lower limb ischemia in multi parts.
• In our hospital, we often use this technique for the cases complicated the ischemia of above the femoral artery (iliac and coronary artery) and below the femoral artery.
The case of CLI treated for ipsilateral iliac CTO, SFA and BTK lesion using switch back technique in single strategy

Fukuoka Tokushukai Medical Center
Department of Cardiology:
Shogo Morisaki, Hideki Shimomura