A challenging case of critical limb ischemia achieving a complete below-the-ankle revascularization by using a combination of multiple bidirectional approach

Japanese Red Cross Kyoto Daini Hospital
Kyoto City, Japan
Yoshinori Tsubakimoto, MD, Ph.D.
Disclosure

Speaker name:

.................................................................

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
Case

Patient: 78 year-old female
Diagnosis: CLI (Rutherford class 5)
Past history: Brain Infarction, CREST syndrome
Risk factor: Hypertension

ABI: 1.05/0.89
SPP: Left dorsal/plantar 28/31 mmHg
Initial Angiography
Initial Angiography
EVT

Systems:
Left CFA ipsilateral approach
G.C. 4.5F Parent plus 55cm
Collateral channels
Trans Collateral Approach

Corsair PV + 014 Cruise (= Regalia 1.0)
Corsair PV + 014 Cruise (= Regalia 1.0)
Corsair PV + 014 Cruise (= Regalia 1.0)
1st Bidirectional

Ante: Prominent + 014 Command → Astato XS 9-40
Retro: Corsair PV + 014 Chevalier tapered 30
2nd Bidirectional

DPA ante: Prominent + 014 Chevalier tapered 3
Ante: Corsair PV + 014 Chevalier tapered 30
Retro: Prominent + 014 Astato XS 9-40
Balloon angioplasty

DPA

Plantar A

PTA

2.0 mm

2.0 mm

2.5 mm
Final angiography
Complete revascularization of below the ankle (BTA) lesions including pedal arch was achieved by using trans-collateral and trans-pedal arch approach technique.
Classification of pedal arch

<table>
<thead>
<tr>
<th>Type</th>
<th>Type 2A</th>
<th>Type 2B</th>
<th>Type 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Image of Type 1" /></td>
<td><img src="image2.png" alt="Image of Type 2A" /></td>
<td><img src="image3.png" alt="Image of Type 2B" /></td>
<td><img src="image4.png" alt="Image of Type 3" /></td>
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<table>
<thead>
<tr>
<th>Variable</th>
<th>Wound healing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Univariate analysis</td>
</tr>
<tr>
<td></td>
<td>$P$ value</td>
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<tr>
<td>Final pedal arch classification</td>
<td>0.011</td>
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</tbody>
</table>

Below the ankle (BTA) intervention are needed in the appropriate clinical situation. The combination of multiple bidirectional approach should be useful to achieve BTA intervention.
Thank You for your attention!!
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