



Potential Risk of Rupture of Repeated Angioplasty in Patient with In-stent Restenosis after Subintimal Angioplasty for Heavily Calcified SFA lesion

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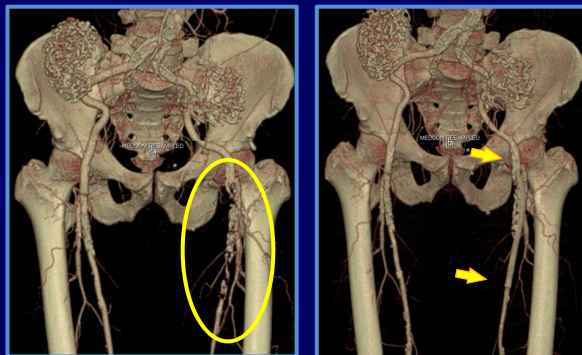
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Presentation

- A 56-year-old male patient was admitted for left leg claudication for 2 months

Past history

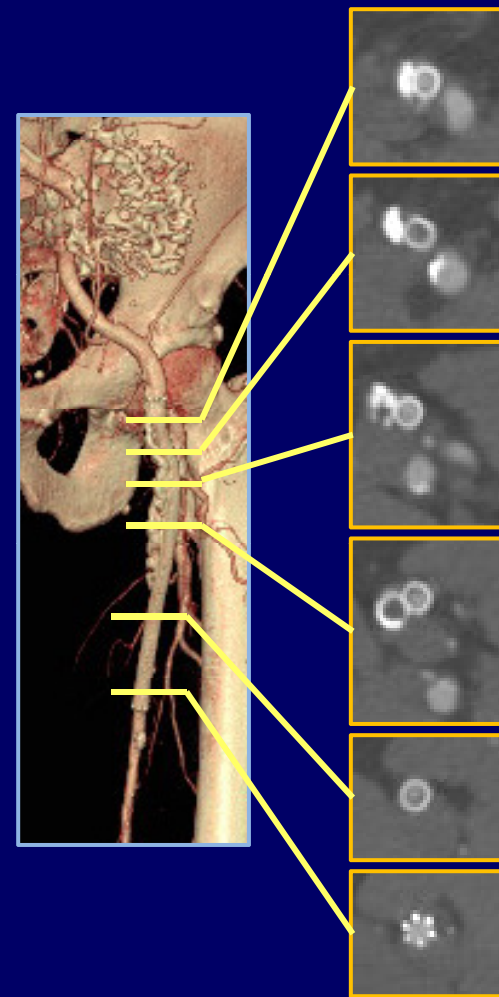
- Hypertension
- Diabetes
- Dyslipidemia
- ESRD on hemodialysis
- Stable angina
- CAD (2VD) s/p PTCA with stent at mLAD & dLCx



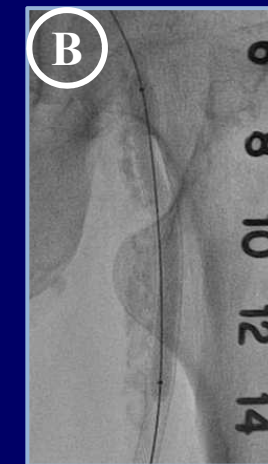
- Lt. SFA total occlusion s/p PTA (SIA) with stent (SMART 6 x 150 mm)
- Lt. ABI 0.71 → 1.03

Tests

- Lt. ABI 1.03 → 0.73
- FU LExt angio CT → ISR of Lt. SFA stent



Procedure



Balloon dilatation with 6.0 x 80 mm



Extravasation of contrast

Rupture of SFA



Viabahn 6.0 x 50 mm

Follow-up

- Lt. ABI 0.73 → 0.94
- FU LExt angio CT → patent Lt. SFA stent without extravasation
- Sx free for 1 year

Conclusion

- **Special care should be taken to prevent vascular rupture, especially when the stent was placed in outer layer of arterial wall after subintimal angioplasty.**