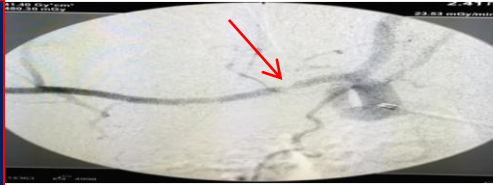


Subclavian Artery Stenosis Post Radiotherapy

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Radiotherapy-related arteriopathy (RA) represents an underestimated entity whose incidence is in progression because of an ageing population increasing cancers and patients' survival. It concerns all the layers of the wall and induces premature stenosis or thrombosis of the artery.(1)

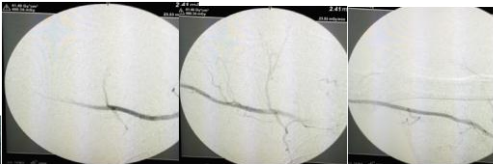


Good radial pulse, clinical improvement. Patient discharged & smooth follow up.

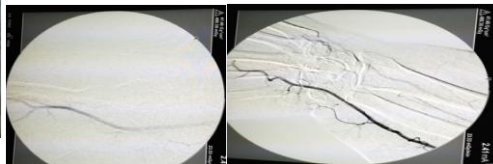


50 year old woman.
7 years post mastectomy & irradiation .
Massive lymphoedema.
Acute onset of right upper limb pain & cyanosis.

Angiogram showed no other arterial lesions down to the hand.



Hence, primary stenting with 6*120 self expandable nitinol stent was done to cover the diseased area followed by balloon dilatation of the residual lesion and angiographic success.



8 months later, the patient showed recurrence of ischemic hand picture with another stenotic lesion in the second part of right axillary artery.

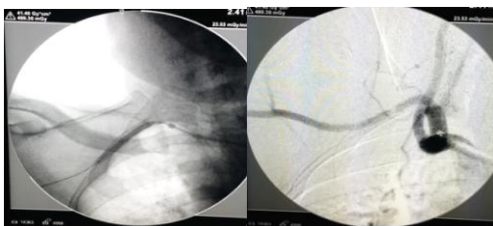
Regain of radial pulse and evident clinical success.



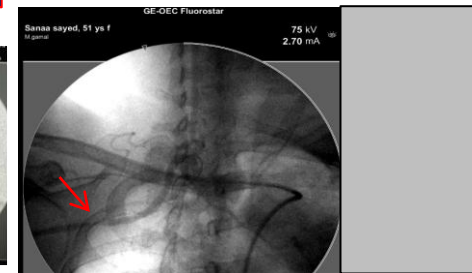
Lesion crossed with 0.035 inch standard j-tip guidewire.
Balloon angioplasty with 5*40 mm balloon.
Angiographic success.



Angiography performed via Duplex guided Right femoral arterial axis.



90 cm long 7 F sheath inserted & lesion identified in second part right subclavian artery.



1. Radiotherapy-related axillary arteriopathy. Federico Bucci, Frederic Robert, Leslie Fiengo and Philippe Plagnol. 2012, Interactive CardioVascular and Thoracic Surgery, pp. 176-177.