INFLATION WITH OR WITHOUT DRUGS BTK

PRACTICAL APPROACH TO BTK-DISEASE

Jorge Fernández Noya
Angiology and Vascular Surgery Department
Universitary Clinical Hospital
Santiago de Compostela

June 2 - 3, 2016 • NICE, FRANCE
INFLATION WITH OR WITHOUT DRUGS BTK
Case report: Fontaine III CLI

75 years Old Male

Diabetes mellitus

CAD

HTA

Previously : LEFT SFA PTA & STENTING
Case report: Fontaine III CLI

Vascular examination:
- Femoral pulse +
- Popliteal pulse +
- Distal pulses -
- ABI: 0.32

Our usual approach to BTK CLI: Diagnostic angiogram with a intention-to-treat strategy, based on angiogram findings.
Case report: diagnostic angiogram

- **Popliteal occlusion**
- **Important genicular artery**
INFLATION WITH OR WITHOUT DRUGS BTK

- Poaliteal occlusion
- Important genicular artery
- TP Trunk recanalization
Case report: diagnostic angiogram

Peroneal artery

No AT/PT
Case report: diagnostic angiogram

Peroneal artery

Pedial artery
INFLATION WITH OR WITHOUT DRUGS BTK

POBA DEB STENT

Popliteal & TP Trunk recanalization
INFLATION WITH OR WITHOUT DRUGS BTK

Predilatation 3.0 mm

Predilatation 2.0 mm
LONG INFLATION STENT
Case report: Final angiogram

- **Popliteal artery**
- **Peroneal artery**
- **Spasm AT artery post-dilatation 3 mm**
Case report: Final angiogram
Case report: clinical results

- Patient discharged 24 h later
- No rest pain or complication at discharge
- Peroneal artery patent at 9 months US follow up
- Clinical benefit maintained 9 months after procedure with no redo interventions
Case report: some comments

A combination of BTK CTO techiques are many times required to achieve a final good result

Bending areas treatment is unclear

Drug eluting technologies are available to increase treatment patency but …

When???
INFLATION WITH OR WITHOUT DRUGS BTK

THANK YOU!!!
INFLATION WITH OR WITHOUT DRUGS BTK