Peroneal artery branch angioplasty in a Rutherford 5 patient

Roberto Ferraresi
Peripheral Interventional Unit

Bergamo – Italy
ferraresi.md@gmail.com
Disclosure

Roberto Ferraresi, MD

I have the following potential conflicts of interest to report: consulting, travel reimbursement, teaching courses, training, proctoring:

• Medtronic
• Boston Scientific
• Abbott
• LimFlow
• Terumo
• Cook
• Biotronik
• Asahi
• Shire
• Ivascular
- 87 yy old male
- Type 2 DM
- HBP
- Coronary artery disease (previous AMI)
- PAD RTF 5: no-healing interdigital lesion (4-5° toes) + pain at rest +++
Baseline angiographic study: high bifurcation of CFA; occlusion of proximal SFA; good stump
- Subintimal angioplasty of SFA
- DCB treatment with InPact Pacific 5.0 x 120 mm x 3
3 weeks later:
Pain and not healing
• Failure of ATA angioplasty
• Hidden PTA origin
Command 0.014" Abbott

PT2 0.014" Boston Scientific
Amphirion Deep 2.5 x 120 mm 14 atm (Medtronic)
From the New England Society for Vascular Surgery

Peroneal artery-only runoff following endovascular revascularizations is effective for limb salvage in patients with tissue loss

Hasan H. Dosluoglu, MD, a,b Gregory S. Cherr, MD, a,c Purandath Lall, MBBS, a,b Linda M. Harris, MD, b and Maciej L. Dryjski, MD, b Buffalo, NY

DOI 10.1007/s00270-007-9214-3

CLINICAL INVESTIGATION

Transluminal Angioplasty of Peroneal Artery Branches in Diabetics: Initial Technical Experience

Lanfroi Graziani · Antonio Silvestro · Luca Monge · Gian Mario Boffano · Francesco Kokaly · Ilaria Casadidio · Francesco Giannini