To follow the angiosome or not: case

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Disclosure of Interest

Speaker’s name: Peter Goverde

- I have the following potential conflicts of interest to report:
  - Consulting:

  Abbott Vascular; Angioslide; Atrium Maquet Getinge group; Bard Peripheral Vascular; Cardionovum; Cordis Cardinal Health; IMDS; Ivascular; Stille; Veyran; Ziehm Imaging
Casus 1

- 82 year old male patient
- Medical history:
  - Diabetes Type 1
  - PTCA & CABG
  - CVA (recovered)
  - R&B cat 5:
    - Non healing deteriorating wound (>2 months) ATA angiosome
    - Healed wound in ATP angiosome (medial heel)
    - Multi level and multi vessel (BTK) disease, no run off vessel to the foot
    - Cellulitis up to knee (R/ IV AB)
Casus 1
Casus 1
Casus 1

• What to do?
  – Further AB then maybe intervention
  – Further AB and woundcare
  – Endovascular intervention
  – Surgery: venous bypass
Casus 1

BUT....
Casus 1
Casus 1

BRIDGE THE GAP
Casus 1

• What to do?
  – Further AB and woundcare
  – Endovascular intervention
  – Surgery: venous bypass
Casus 1

Cook CXI 0.035 support catheter
Casus 1

- What’s next??
  - going for the ATA
  - going for ATA and TP trunk
  - what if not succesfull
  - retrograde access and how
Casus 1

7 Fr Introducer / Abbott Command ES
0.014 guide wire
Casus 1
Casus 1

Abbott Armada 0.035
5 x 60 mm balloon
Casus 1
Casus 1

What ‘s next ??
Casus 1
Casus 1

Abbott Armada 0.014 3 x 40 & 3 x 80 mm balloons, simultaneous inflation
Casus 1

To stent or not ..??
And why ...???
Casus 1
Casus 1

Cardionovum Legflow PTX DCB 6 x 80 mm
Casus 1
Casus 1
Casus 1
Casus 1

- **BTK procedure**:
  - Abbott Command ES 0.014
  - **ATA**: long occlusion 15 cm crossed with 0.014 Abbott Armada 0.014 2.5x 200 mm
  - **ATP**: subocclusive long lesion crossed with 0.014 Abbott Armada 0.014 2.0x 200 mm
  - **Peroneal**: subocclusive long lesion crossed with 0.014 Abbott Armada 0.014 2.0x 200 mm
  - No DCB due to circumferential calcium
  - RESULT: ATA till pedal arch / ATP & peroneal till ankle
  - Wound healed after 8 weeks
Casus 2

- 79 year old male patient
- Medical history:
  - Diabetes Type 1
  - PTCA & CABG
  - PTA: 12 - vascular surgery: 6
  - R&B cat 6:
    - Non healing deteriorating wound fore foot angiosomes Medial & lateral plantar
    - Multi level and multi vessel (BTK) disease, no run off vessel to the foot
    - Cellulitis / pitting oedema ++++++
Casus 2
Casus 2
Casus 2

• What to do?

– BTK or ATK amputation
– Fore foot amputation and woundcare
– Endovascular intervention
– Surgery: venous bypass
Casus 2
Casus 2

7 Fr Introducer / Abbott Command ES 0.014 guide wire
Casus 2

Bard Ultraverse 0.014
2.5 x 200 mm balloon
What ‘s next ??
Casus 2

Double needle puncture technique with 0.014 wire
Casus 2

Bard Ultraverse 0.014
2.5 x 200 mm &
Cordis Saber 0.018
3 x 40 mm balloons,
simultaneous inflation
Casus 2

Bentley Inomed BeGraft 5mm
Casus 2
Casus 2

What ‘s next ??
Casus 2

Maquet Getinge V12 5mm x 59 mm
Casus 2

Cordis Saber 0.018, 3 x 40 & 3 x 80 mm balloons, simultaneous inflation
Casus 2
In our department:

– We try to revascularise as much as possible
– Mostly taking into account the angiosome model
– Frequently the ostia and/or proximal segment of one or more tibial arteries are occluded

So:
Thank you for your attention