Clinical Case: BTK DES
Case report: Fontaine III CLI

74 years Old Male

Diabetes mellitus

Moderate chronic renal disease

Previously asymptomatic
Case report: Fontaine III CLI

Vascular examination:
- Femoral pulse +
- Popliteal pulse +
- Distal pulse -

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

ATA ostium stenosis

Peroneal/posterior tibial artery occlusion
Case report: diagnostic angiogram

ATA DCB angioplasty (3.5 x 20 mm Luminor iVascular)

Peroneal/posterior tibial artery cannulation and 0.014” wires in place for kissing balloon
Case report: results after Angioplasty

Peroneal/posterior tibial artery residual stenosis/spasm

reDo PTA
Case report: results after reAngioplasty

Peroneal/posterior tibial artery residual stenosis/spasm

4x27 mm DES in Peroneal artery
Case report: results after Peroneal DES

Posterior tibial artery residual stenosis & distal spasm

Local heparin 1000 ui + 100000 ui Uk + 200 mcg nitroglicerin
Case report: results after reAngioplasty

Posterior tibial artery residual stenosis

3 x 27 mm DES (Biomime coronary DES)
Case report: final results after DES

Posterior tibial artery residual spasm (distal to DES)
Case report: clinical results

Patient discharged 24 h later

No rest pain or complication at discharge

Peroneal and Posterior tibial arteries patent at 6 months US follow up

Clinical benefit maintained 6 months after procedure with no redo interventions
Case report: some comments

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

Always try to recover as much distal run off as possible when dealing with CLI situations.

Drug eluting technologies are available to increase treatment patency.