Long FP lesions with DES
« Real World »

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## Long FP lesions

### Type A lesions
- Single stenosis ≤10 cm long
- Single occlusion ≤5 cm long

### Type B lesions
- Multiple lesions (stenoses or occlusions), each ≤5 cm
- Single stenosis or occlusion ≤15 cm, not involving the infrageniculate popliteal artery
- Single or multiple lesions in the absence of continuous tibial vessels to improve inflow for a distal bypass
- Heavily calcified occlusion ≤5 cm long
- Single popliteal stenosis

### Type C lesions
- Multiple stenoses or occlusions totaling >15 cm with or without heavy calcification
- Recurrent stenoses or occlusions that need treatment after two endovascular interventions

### Type D lesions
- Chronic total occlusions of CFA or SFA (>20 cm, involving the popliteal artery)
- Chronic total occlusion of popliteal artery and proximal trifurcation vessels
Long FP lesions

• Technically challenging
  – Intra luminal vs sub intimal
  – Retrograde approach
  – SAFARI – reentry device...
  – Heavy calcified

• Clinically challenging
  – TLR – primary patency
  – Restenosis
  – Limb salvage
  – Comorbidities
Long FP lesions

• Evergrowing EV field of improvement
• Indications become wider
• EV specialists are looking for the best approach:
  – Leaving nothing behind
  – Laser
  – Directional atherectomy
  – DES, interwoven stents
  – …
End of fem-pop bypass?

EV treatment 1st intention?
EBM...and DET

• Promising results in TASC A/B lesions (Zilver PTX, Majestic, Pacifier, Levant, IN.PACT SFA)

• However, heterogeneous technology
  – Nitinol stent generation
  – Polymer
  – Drug type and concentration
EBM....for long FP lesions

- Quite poor:


Drug-coated balloons vs. drug-eluting stents for treatment of long femoropopliteal lesions.


- Retrospective dual center study
- Lesion lengths >10cm – mean LL 195mm
- 282 patients enrolled (177 DCB and 105 DES)
Similar restenosis and TLR rates
DCB ± provisional BMS ≥ DES
EBM...for long FP lesions

- Results confirmed

**Drug-Coated Balloons for Complex Femoropopliteal Lesions: 2-Year Results of a Real-World Registry.**


Restenosis delayed, not prevented...

**1-Year Results of Paclitaxel-Coated Balloons for Long Femoropopliteal Artery Disease: Evidence From the SFA-Long Study.**


PP 83% with bail out stenting in 11%
EBM....


**Treatment of TASC C and D Femoropopliteal Lesions with Paclitaxel eluting Stents: 12 month Results of the STELLA-PTX Registry.**

Davaine JM, Querat J, Kaladji A, Guyomarch B, Chaillou P, Costargent A, Quillard T, Gouëffic Y.

- Prospective single center registry
- 45 patients enrolled
- 1Y PP rate 53% and SP rate 80%
DES toolbox

- Self expandable:
  - Zilver PTX (Cook Medical)
  - Eluvia (Boston Scientific)

- Balloon-expandable:
  - Promus premier BTK (Boston Scientific)
  - Xience prime BTK (Abbott Vascular)
DES toolbox

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Real World!
Ms K. Nicole, 61 yo

- History of calf sarcoma 20y ago
- Surgery – flap

- Partial necrosis of the flap
- DUS : Popliteal occlusion and btk involvement
- DSA and angioplasty – 10/15
What would you do?
What about anti-platelet therapy?
6 months later...

Delayed healing of the flap...
M. J Georges, 78yo

- History: severe left calf claudication
- CVRF: smoking, dyslipemia, HBP
- DUS: long FP occlusion
- Adressed for DSA and angioplasty
What would you do?

• Bypass?

• Re entry device?

• Retrograde approach?

• Nothing – should walk?
M. Belina V, 75 yo

- History: left calf claudication
- CKD in hemodialysis, diabetes, HBP
- DUS: SFA occlusion
- Adressed for DSA and angioplasty
Conclusions

• Sunrise for DES...and wider for DET?

• Sunset for BMS in fem-pop lesions?
Conclusions

• Promising « new stents » :
  – SFA and P1 : New DES – Eluvia (Bostons Sci)
  – P3 : balloon expandable DES

• P2 segment : vascular mimetic implant –
  SUPERA (Abbott Vascular)

DESupera, tomorrow?
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