Successful Intervention With Rotablation in PAOD with CTO of Infra-Geniculate Artery

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History

- 77 y/o woman
- HTN, DM, ESRD on regular dialysis, PAOD
- Poorly healed right leg wound for 6 months, ABI 0.72, right leg pulse Fem 2 pop 2 PTA 0 PDA 0
Leg CTA

2012/4/26

Chung Ho Hsu
Ultrasound

RCFA: 100 cm/s  RSFA: 100 cm/s  RPOP: 61 cm/s

2012/4/26
Ultrasound

RPTA: 0 cm/s
R PDA: trace flow
1st PTA
6Fr Cook Crossover sheath, .035” Roadrunner wire

2012/4/26
2nd PTA

Antegrade Approach
6 Fr Sheath Antegradely  6 Fr RESS Guiding Catheter

2012/4/26
Failed wiring with .014” PT2, Miracle 6 gram, Conquest Pro

Microcatheter

1.25/20 Sprinter

2012/4/26
2.5/80 Amphirion deep Failed subintimal dissection with extravasation

2012/4/26 CMUH
2.0/150 Amphirion deep  Failed wiring  CMUH
We never give up.....

3rd PTA
.014 " Miracle 6 gram wire
1.25/6 Sprinter

1.25 mm Burr at 150000 rpm
1.25 mm Burr at 150000 rpm
No flow phenomenon  2.5/80 Amphirion deep  2.5-3.0/210 Amphirion deep

2012/4/26
Ultrasound

RPTA: 30 cm/s

R PDA: 90 cm/s
• ABI 0.72 -> 1.02 after PTA
• Wound healed in 2 months after serial debridement and HBO therapy

R PDA: trace flow before PTA

R PDA: 90 cm/s after PTA
Conclusion

• Revascularization is mandatory for critical limb ischemia
• Standard treatments include balloon angioplasty and stent assisted angioplasty
• However, when undilatable or uncrossable calcified lesion was encountered, rotablation would be one of the way to solve this problem.