### Case Presentation Challenging Cases of BTK Interventions

Kazushi Urasawa, MD, PhD, FJCC Cardiovascular Center, Tokeidai Memorial Hospital Sapporo, Japan Disclosure statement
Kazushi Urasawa, MD, PhD

I disclose the following financial relationships:

Consultant for JJ Cordis Endovascular

Kaneka

Asahi Intech

Tokai Medical

Photoron

### A key concept in BTK intervention

Catheterization and Cardiovascular Interventions 75:830-836 (2010)

### Importance of the Angiosome Concept for Endovascular Therapy in Patients with Critical Limb Ischemia

Osamu lida, MD, Shinsuke Nanto, MD, PhD, Masaaki Uematsu, MD, PhD, Kuniyasu Ikeoka, MD, Shin Okamoto, MD, Tomoharu Dohi, MD, Masashi Fujita, MD, PhD, Hiroto Terashi, MD, PhD, and Seiki Nagata, MD, PhD

In order to obtain wound healing, target artery should be recanalized according to the angiosome concept.

But, in some cases, there is no would healing even after successful EVT for the target artery.

Why? Small artery disease below the ankle level might be the cause of such unsuccessful result.



We need more aggressive vascular intervention for these patients subset.

Below-the-ankle (BTA) Intervention

### Below-the-ankle Intervention

### CASE

### Control angiography

### Tip injection from microcatheter at the end of ATA

After this angiography, I tried antegrade wiring to the DP-CTO, but the wire advanced into sub-space.



### Tip injection within a collateral channel to the DP



### A guidewire was advanced within the collateral

Cruise 0.014" & Prominent mcro-cathe



### Retrograde wire crossed the CTO segment of DP



### Wire Rendez vous

Retrograde guidewire was advanced into the antegrade micro-cathe.

Antegrade micro-cathe was advanced beyond the CTO lesion. The retro wire was removed, then ante wire was inserted within the antegrade micro-cathe.



# Advance guidewire to pedal artery

### Balloon dilatation of DP / distal ATA



### Final angiography



### Below-the-ankle Intervention

### EXTREME CASE

### Control angiography



### Antegrade wiring to PTA: Perforation!



### Tip injection from microcatheter at the end of PA



### Tip injection at another branch of PA



### Tip injection within the collateral channel



# Tip injection within the collateral channel

# Tip injection within the collateral channel

### Exchange microcatheter from Prominent to Corsair



### Advance a guidewire to PTA retrogradely



### Advance a guidewire to PTA retrogradely



### Final angiography



### Take Home Message

In certain subset of CLI patients, more aggressive revascularization is required to obtain complete would healing.

Be aggressive!
Let's try BTA intervention!