

Breakfast Meeting – BTK Intervention
My Best Brilliant Techniques for Saving Foot

Retrograde Approach
Using Plantar Arch Pathway

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Wiring techniques for BTK-CTO

1. Antegrade wiring

2. Bi-directional wiring with distal puncture

Dorsalis Pedis

distal ATA

distal PTA

distal PA

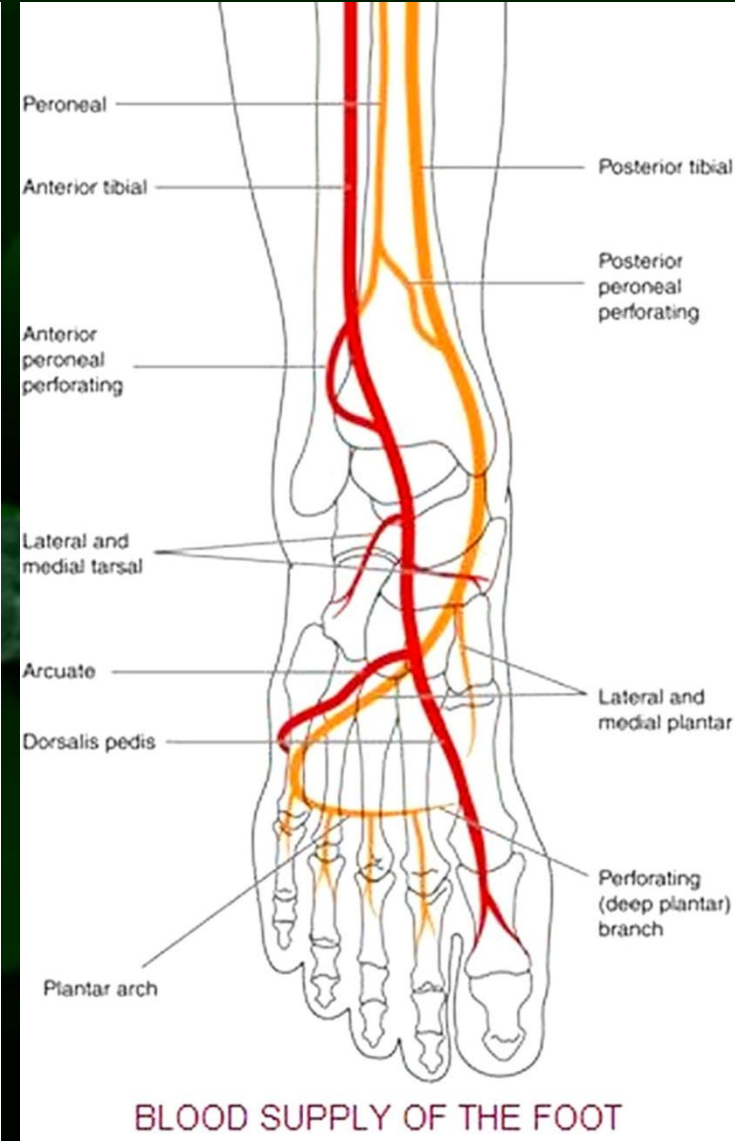
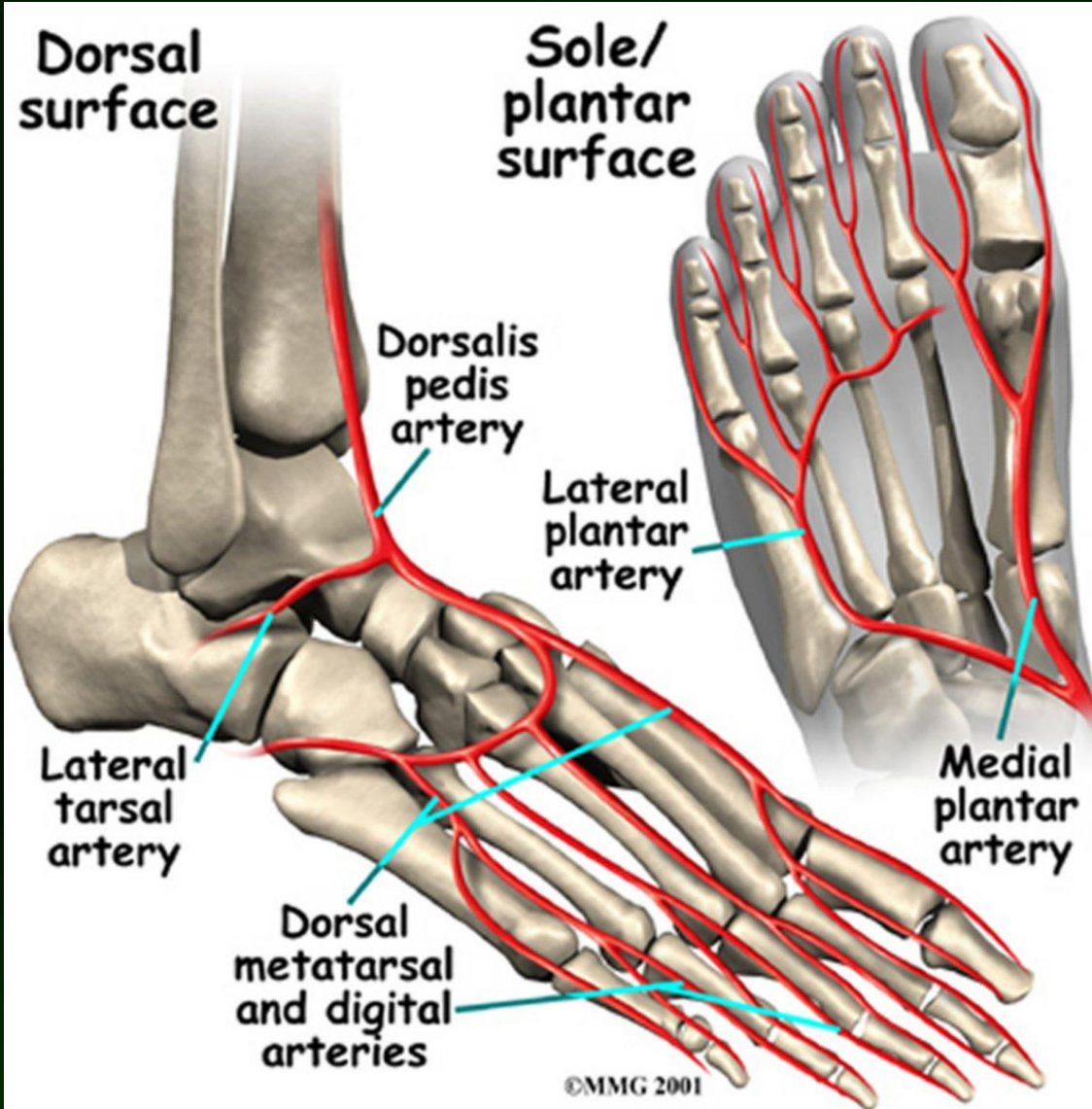
Plantar artery

Digital arteries

3. Bi-directional wiring using collateral channel

Trans-collateral angioplasty (TCA)

Pre-existing collateral channel = pedal arch



Case 1

Case: 80's Male

Diagnosis: CLI (Rutherford 5)

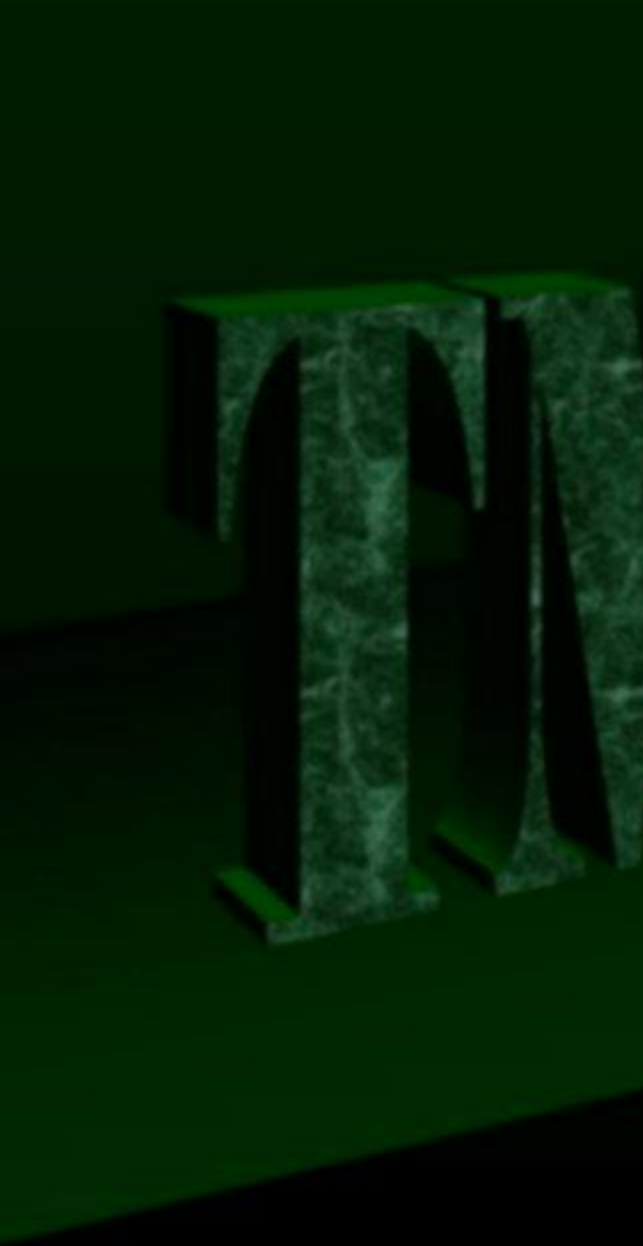
Risk factors: Hypertension
Diabetes Mellitus
Dyslipidemia
Ischemic Heart Disease (PCI)

Foot lesion: Ulcer at 1st toe

Control angiography



Angiography of BTK level



Selective angiography from distal peroneal A.

There is a fine collateral channel connecting PA and Dorsalis.



Advance wire into a collateral channel to DP

Cruise 0.014"
Prominent



Retrograde wiring into the ATA-CTO

Ruby hard
0.014" 9g



Antegrade wiring for the ATA-CTO

Astato XS9-12
0.014" tapered

Prominent



Wire Rendez-vous

Antegrade

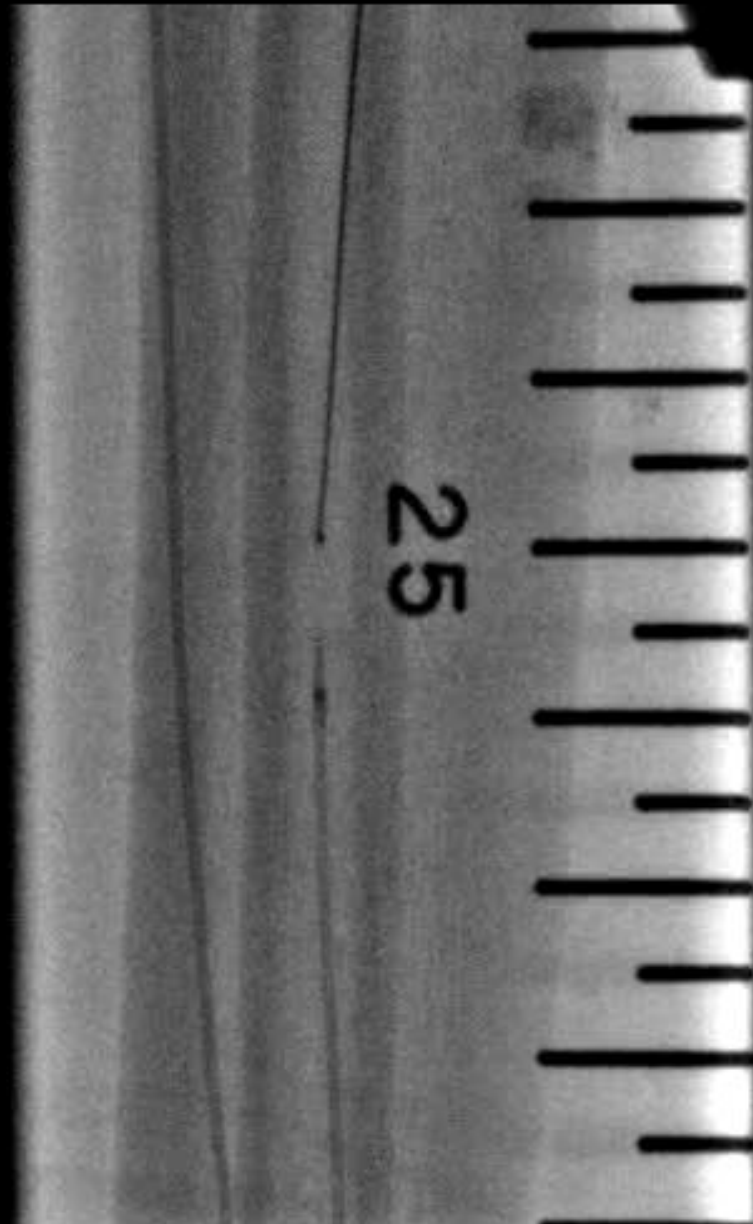
Astato XS9-12

Prominent

Retrograde

Cruise

Corsair



Advance antegrade guidewire into the DP, ATA

Cruise (NEOS)



POBA for ATA-CTO

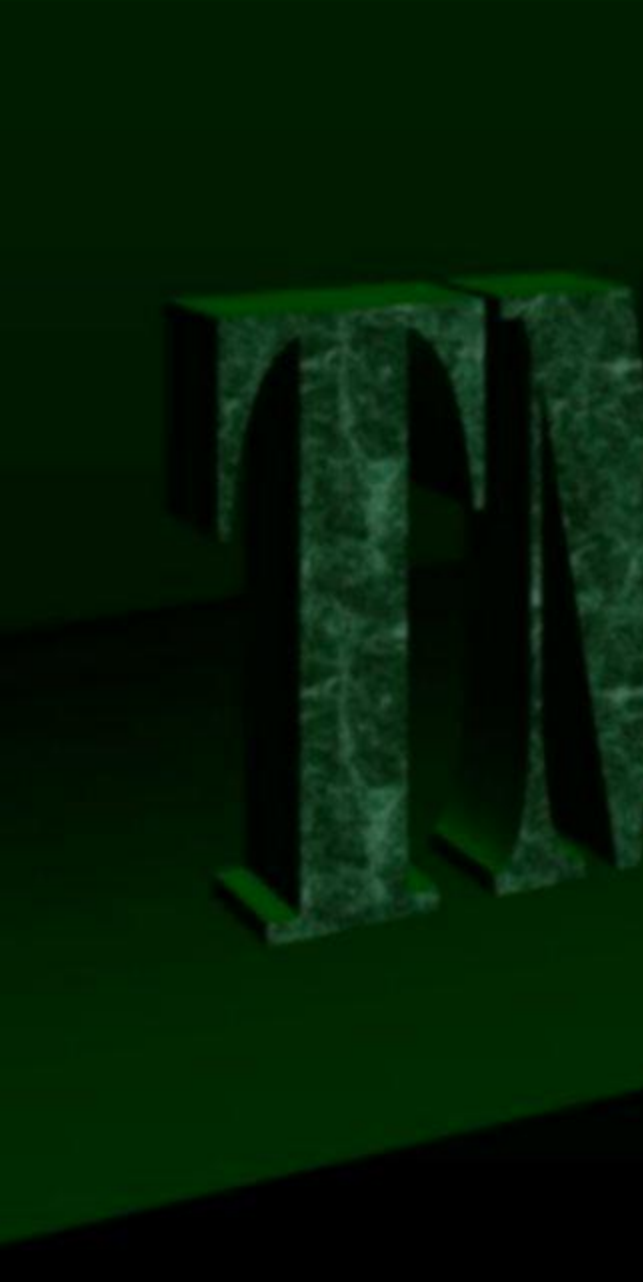
Amphilon-deep
3.0x120mm



Angiography after POBA for ATA-CTO



Tip injection at DP



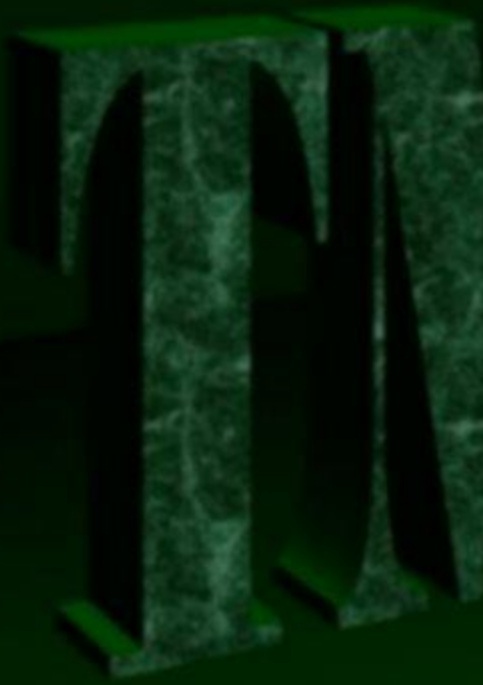
Advance guidewire to lateral plantar A.

Cruise (NEOS)

Corsair (Asahi Intec)



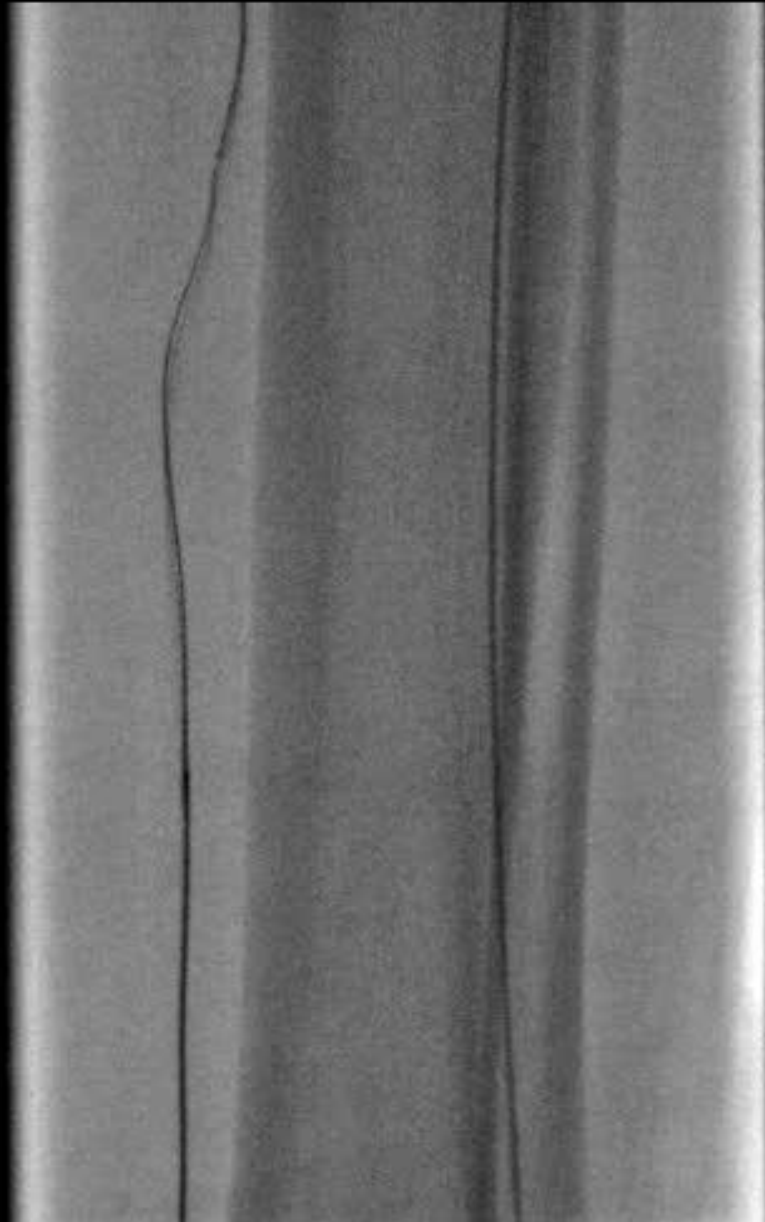
Retrograde wiring for PTA-CTO



Wire Rendez-vous in the PTA-CTO



Advance antegrade microcatheter beyond CTO



Balloon angioplasty for PTA-CTO

Amphilion-deep
3.0x120mm



Balloon angioplasty for PTA-CTO (prox)

Amphilion-deep
3.0x120mm



Final angiography



Case 2

Case: 80's Male

Diagnosis: CLI (Rutherford 5)

Risk factors: Hypertension
Old cerebral infarction
Parkinson's disease
Aortic stenosis

Foot lesion: Ulcer at 1st and 2nd toe

Control angiography



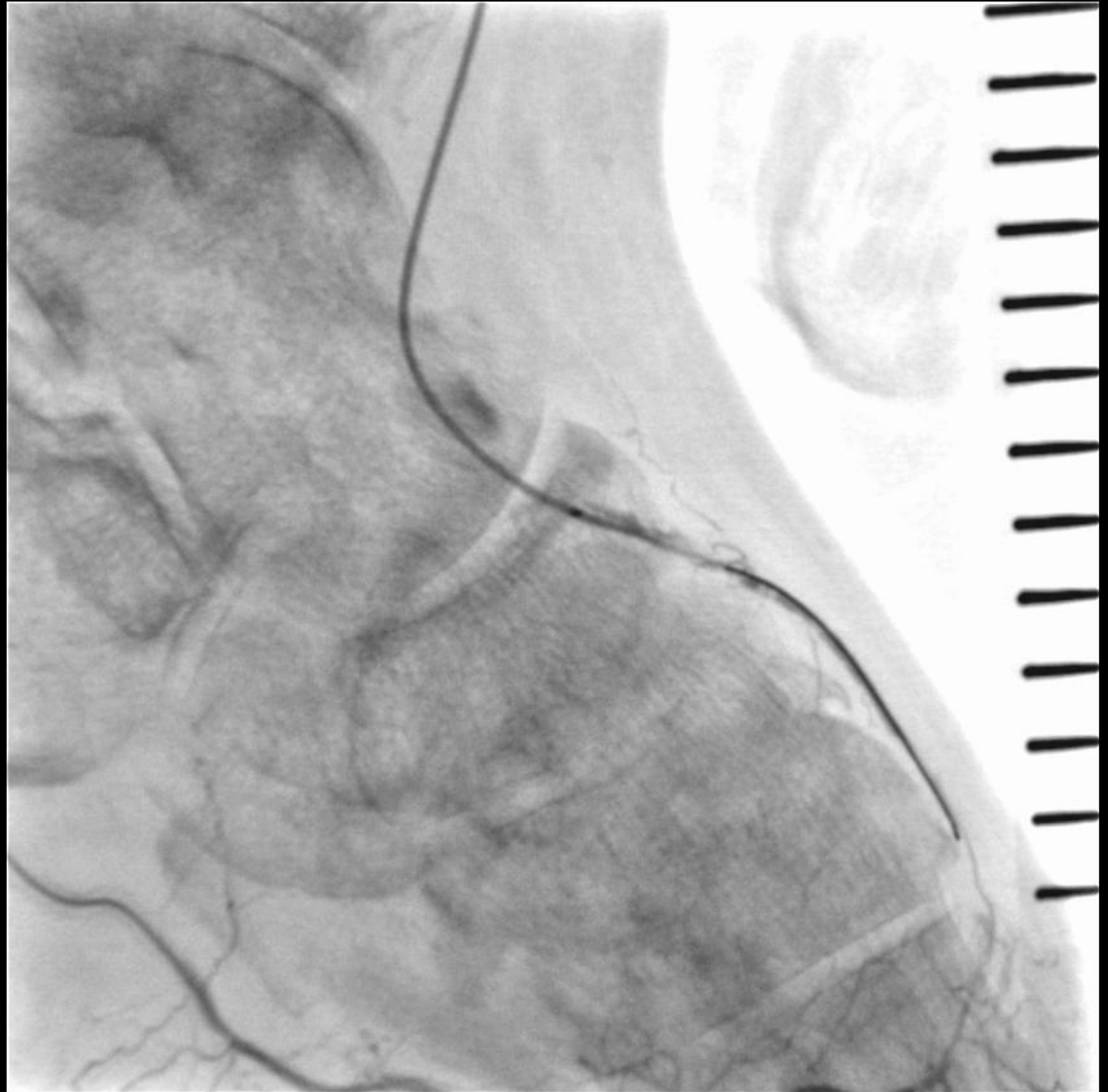
Advance microcatheter beyond pedal arch

Prominent-BTA
(Tokai Medical
Products)



Advance antegrade guidewire

Tip injection from Prominent-BTA provided an excellent guidance for the antegrade wiring.



Tip injection from antegrade microcatheter

Corsair-PV (Asahi
Intec)



Balloon angioplasty of DP and distal ATA

Shiden 2,0x200mm
(Kaneka)



Balloon angioplasty of proximal ATA

Shiden 2.0x200mm
(Kaneka)



Balloon angioplasty of PTA



Final angiography



Case 3

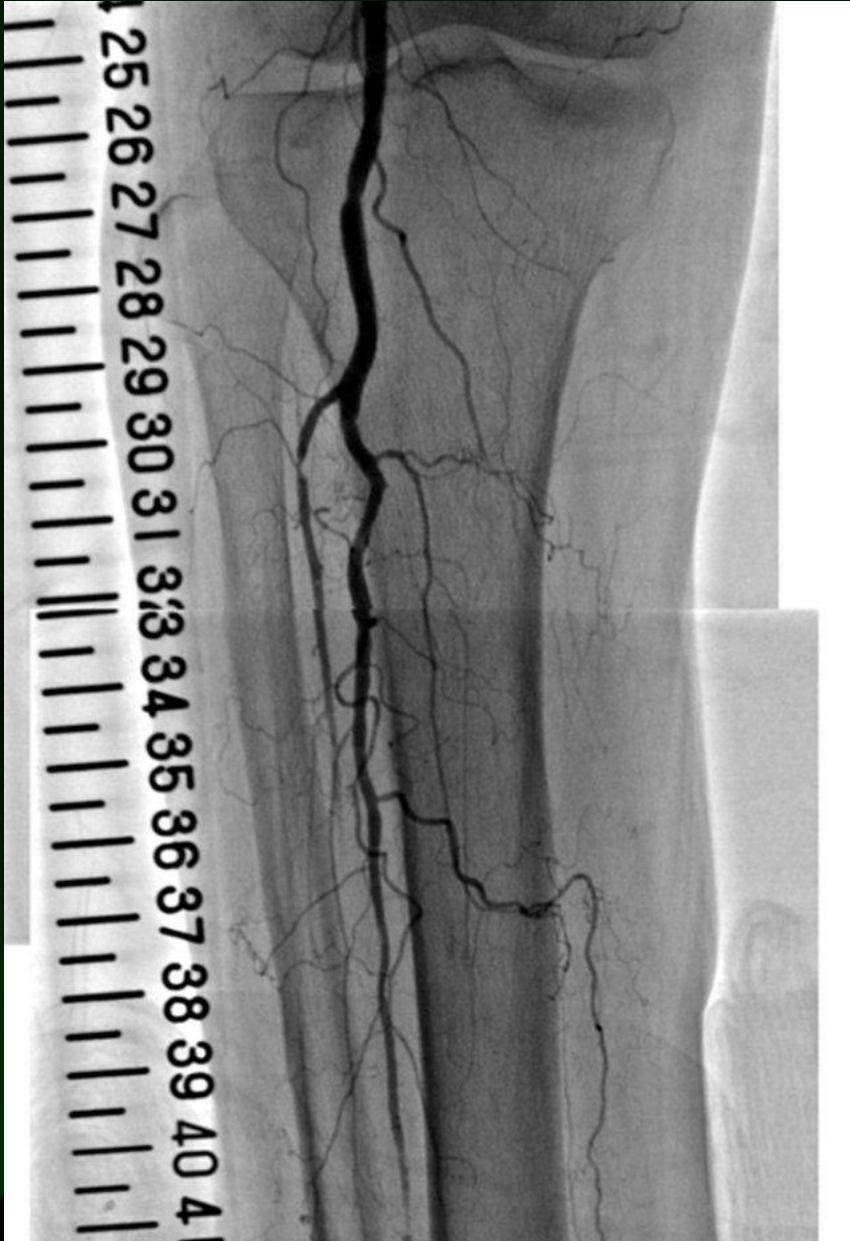
Case: 80's Female

Diagnosis: CLI (Rutherford 5)

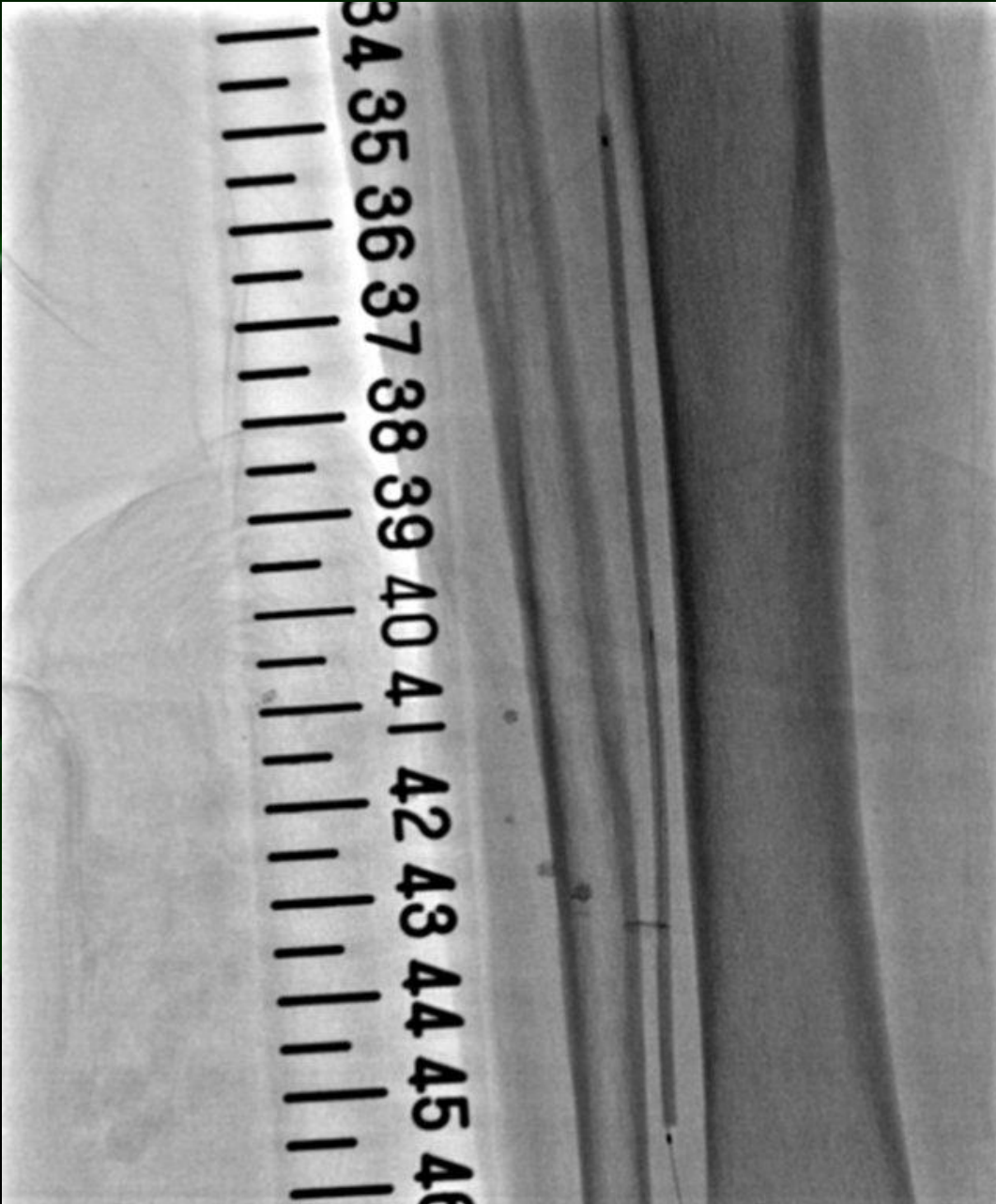
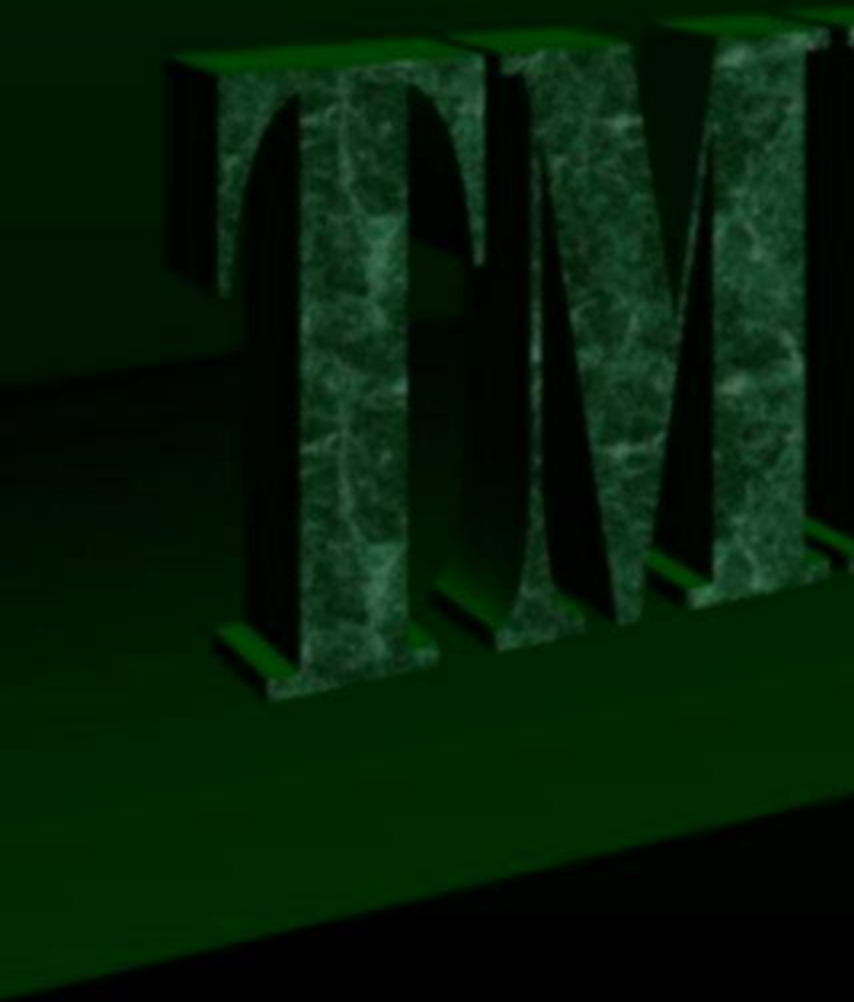
Risk factors: Hypertension
Diabetes Mellitus
Dyslipidemia
Ischemic Heart Disease

Foot lesion: Ulcer at 1st toe

Control angiography

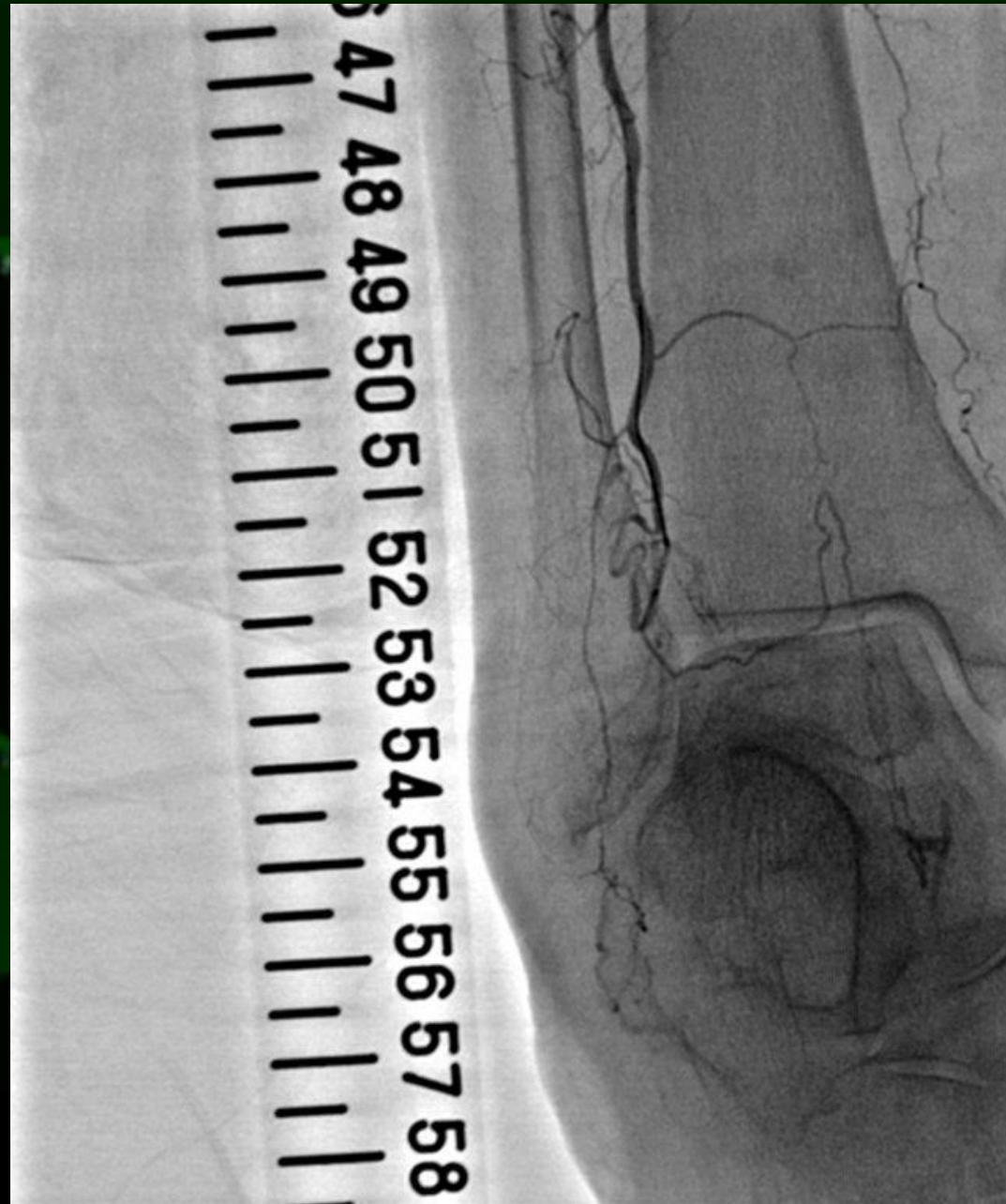
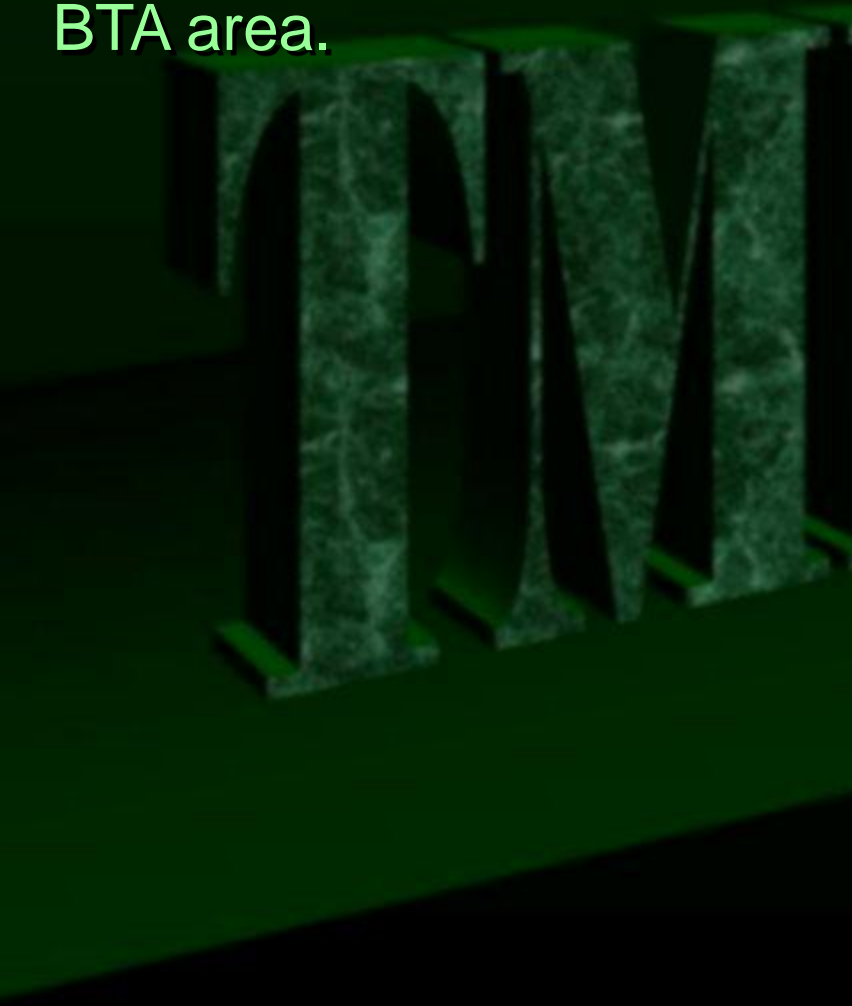


Balloon dilatation of PA stenosis



Angiography after PA dilatation

Increased collateral flow provides better view of BTA area.

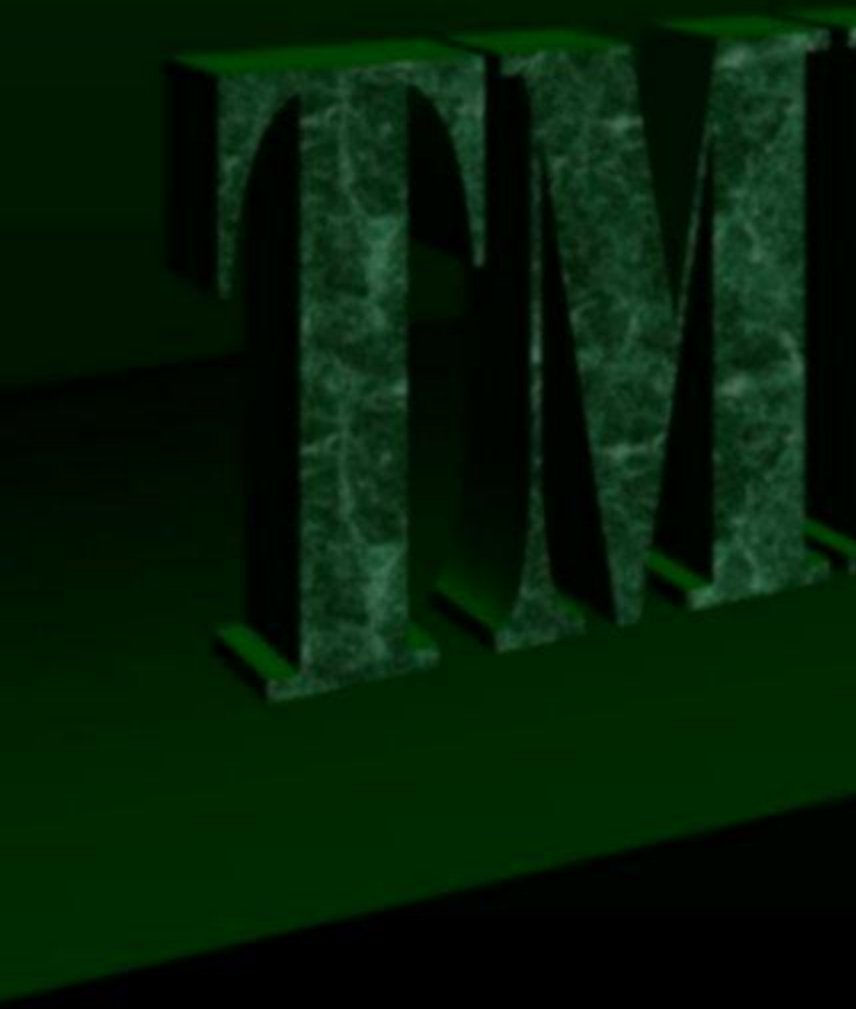


Antegrade wiring for ATA-CTO

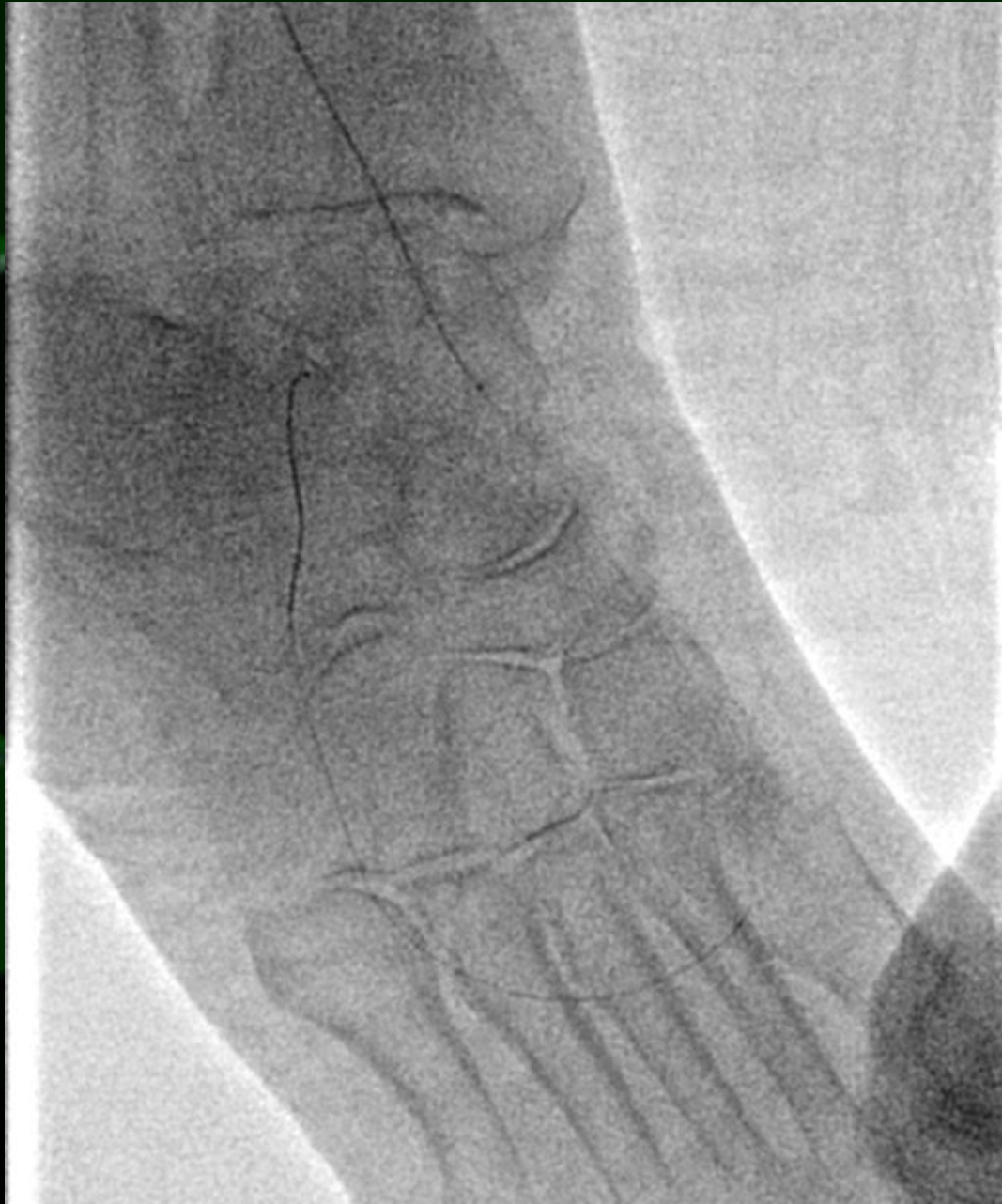
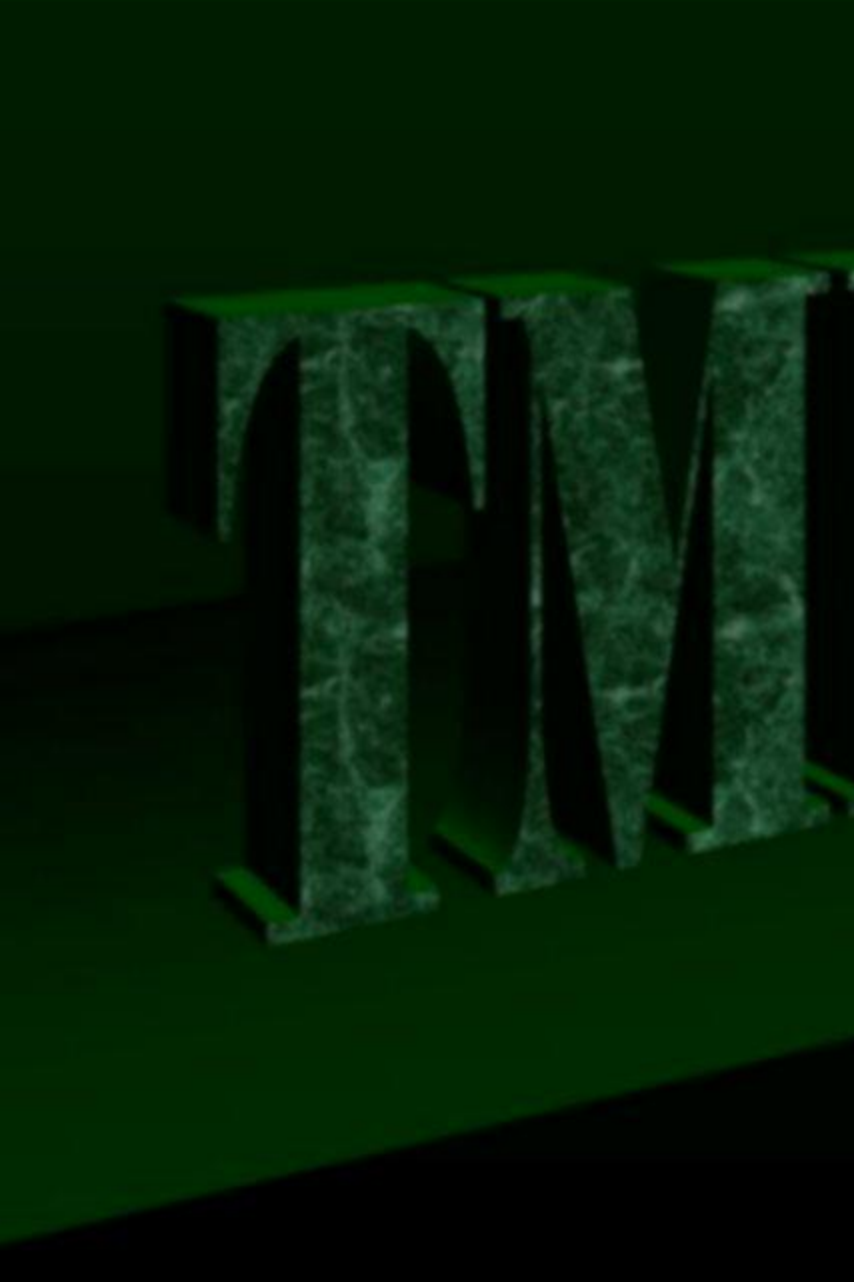
Under the guidance of contrast injection from the microcatheter at distal PA.



Advance antegrade guidewire into pedal arch

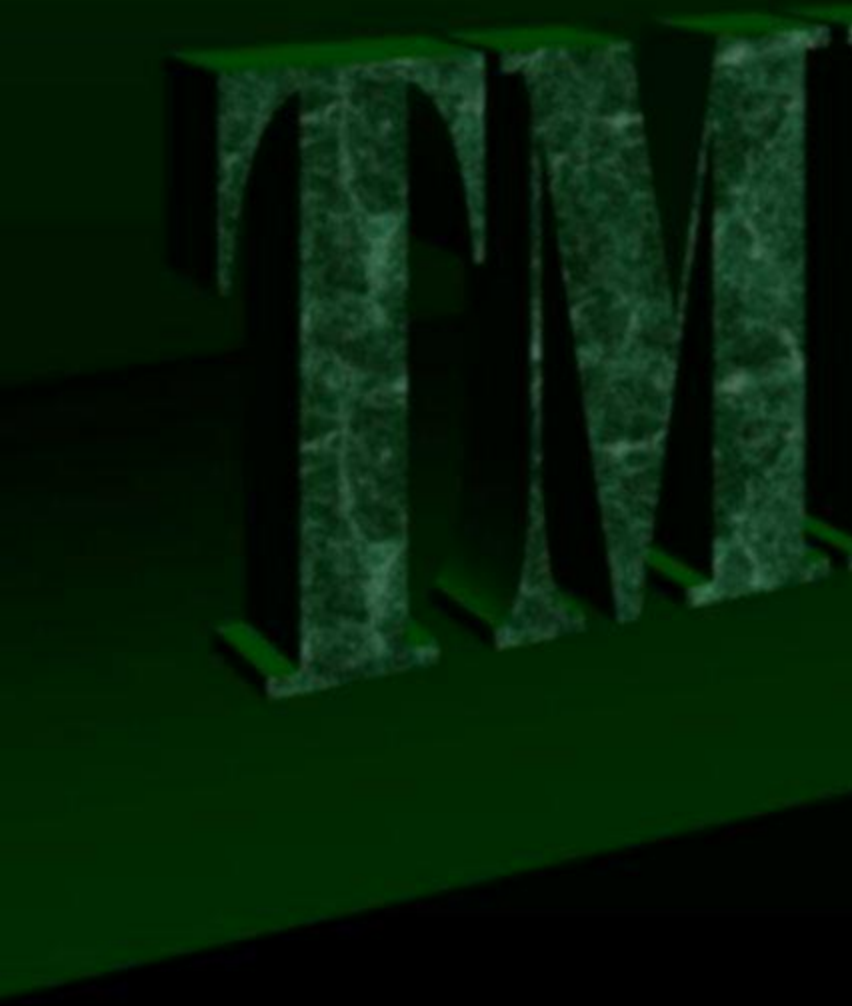


Advance antegrade guidewire into plantar A.



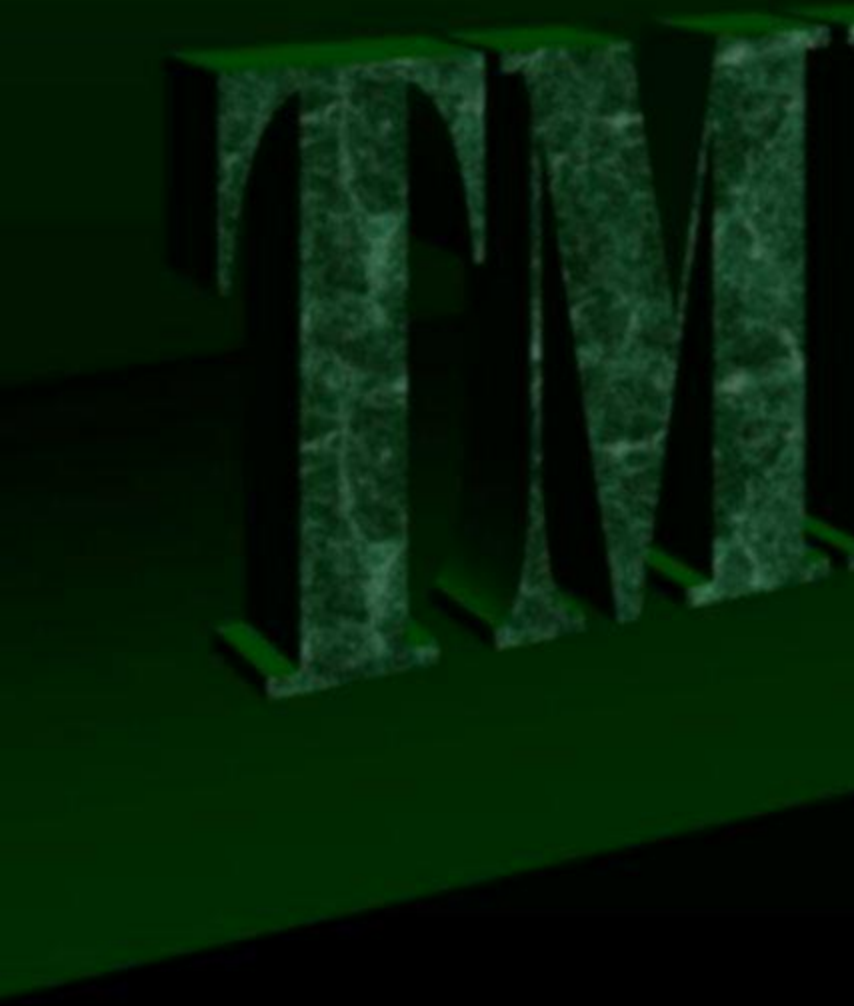
Balloon dilatation of pedal arch

Rapid stream 1.5x20mm
(Nipro)

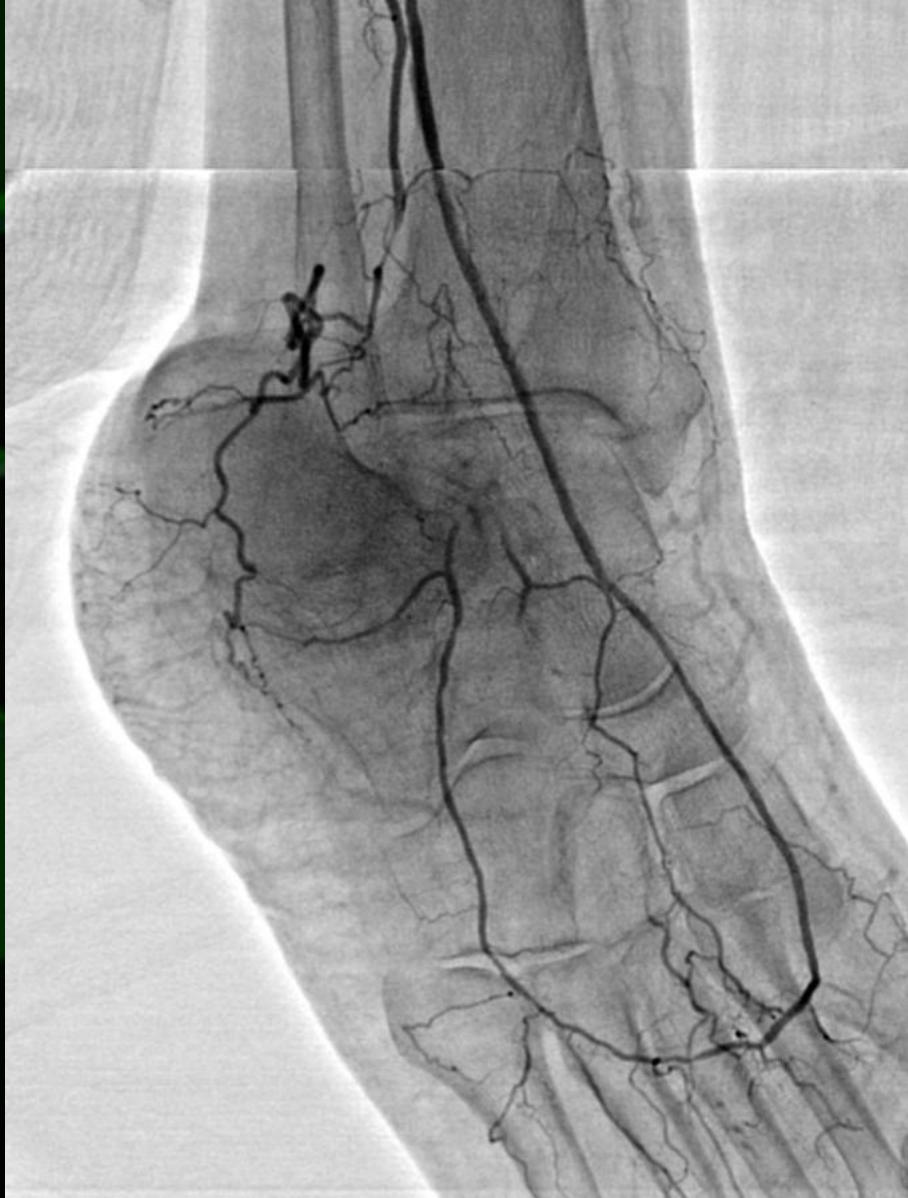


Balloon dilatation of ATA / DP – CTO

Amphirion-deep
2.0x120mm (Invatec)



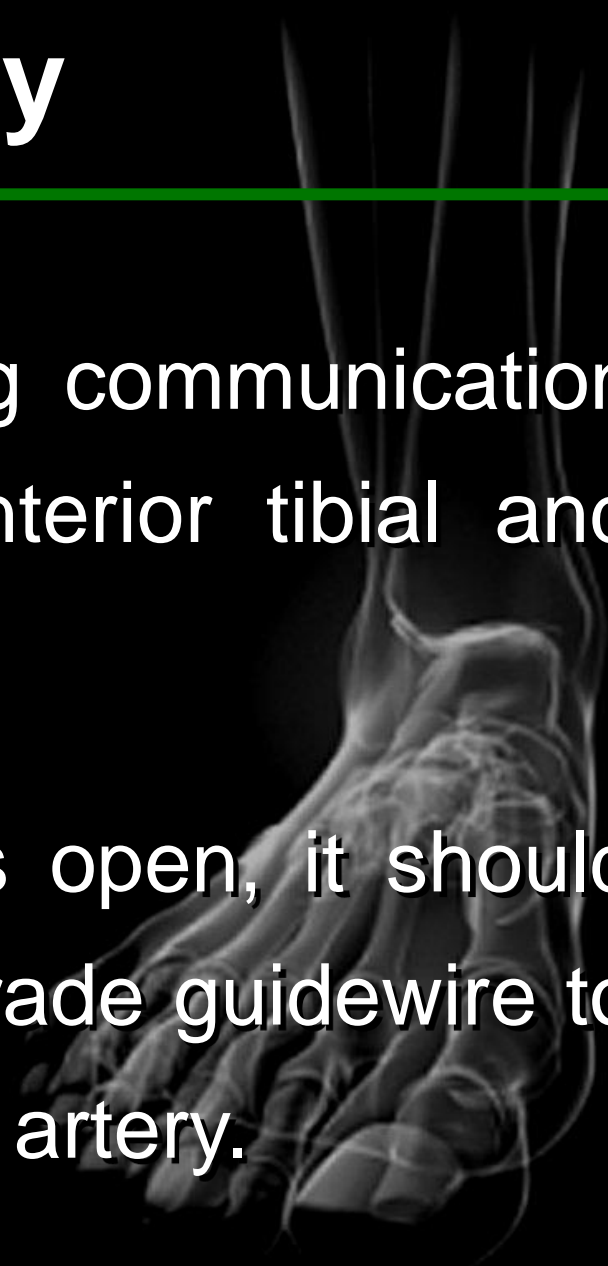
Final angiography



Summary

Pedal arch is a pre-existing communication vessel which connects anterior tibial and posterior tibial artery.

If one tibial artery remains open, it should be used for sending retrograde guidewire to the opposite occluded tibial artery.



Complex Cardiovascular Therapeutics 2013

PCCCT2013 Peripheral

Dates **October 17** thu. - **19** sat., 2013

Venue **Kobe International Exhibition Hall**

Course Directors

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Kinzo Ueda
Rakuwakai Marutamachi Hospital

Hiroyoshi Yokoi
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Peripheral CCT2013

Complex Cardiovascular Therapeutics 2013

Iwould like to greet you on behalf of CCT 2013 peripheral course directors.

In recent years, I feel that the field of endovascular treatment (EVT) in Japan has accomplished a giant leap. The reason for this is that the devices for peripheral intervention have rapidly progressed while the large amount of cardiologists who have acquired the technique of Percutaneous Coronary Intervention (PCI) has converted themselves to peripheral intervention arena. In addition to the conventional 0.035 and 0.018 inches wire system, the introduction of the 0.014 inches wire system used in PCI to EVT has enabled us to use new techniques such as Trans-Collateral Angioplasty (TCA), direct superficial femoral artery puncture, tibial puncture and so on. The standardization of EVT strategy in consideration of the peculiarity of blood vessel treatment has surely advanced, too. Based on this, the success rate of EVT regarding Transatlantic Inter-Society Consensus (TASC) D lesions in iliac arteries and superficial femoral arteries (SFA) is close to almost 100 percent in many cath-labs in Japan. The introduction of new devices such as Drug-eluting balloon (DEB) and debulking devices are definitely in demand in order to improve the long-term results of EVT for PAD patients.

In CCT Peripheral 2013, the best of the best Japanese operators will be in charge of the EVT Live Course for two days for the further spread and development of the EVT techniques. We will offer the latest information from the foreign countries in the Fireside Seminars and Luncheon Seminars. Moreover, we plan to have a lot of Morning Seminars for the physicians who want to start the peripheral artery treatment from now and those who want to improve their techniques in order to adapt their interventional skill to more difficult cases.

We are looking forward to a lot of physicians participating in CCT Peripheral 2013 (October 17-19, 2013) and being able to experience the progress of endovascular therapy for peripheral vascular disease.

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Fighting for Limb salvage