

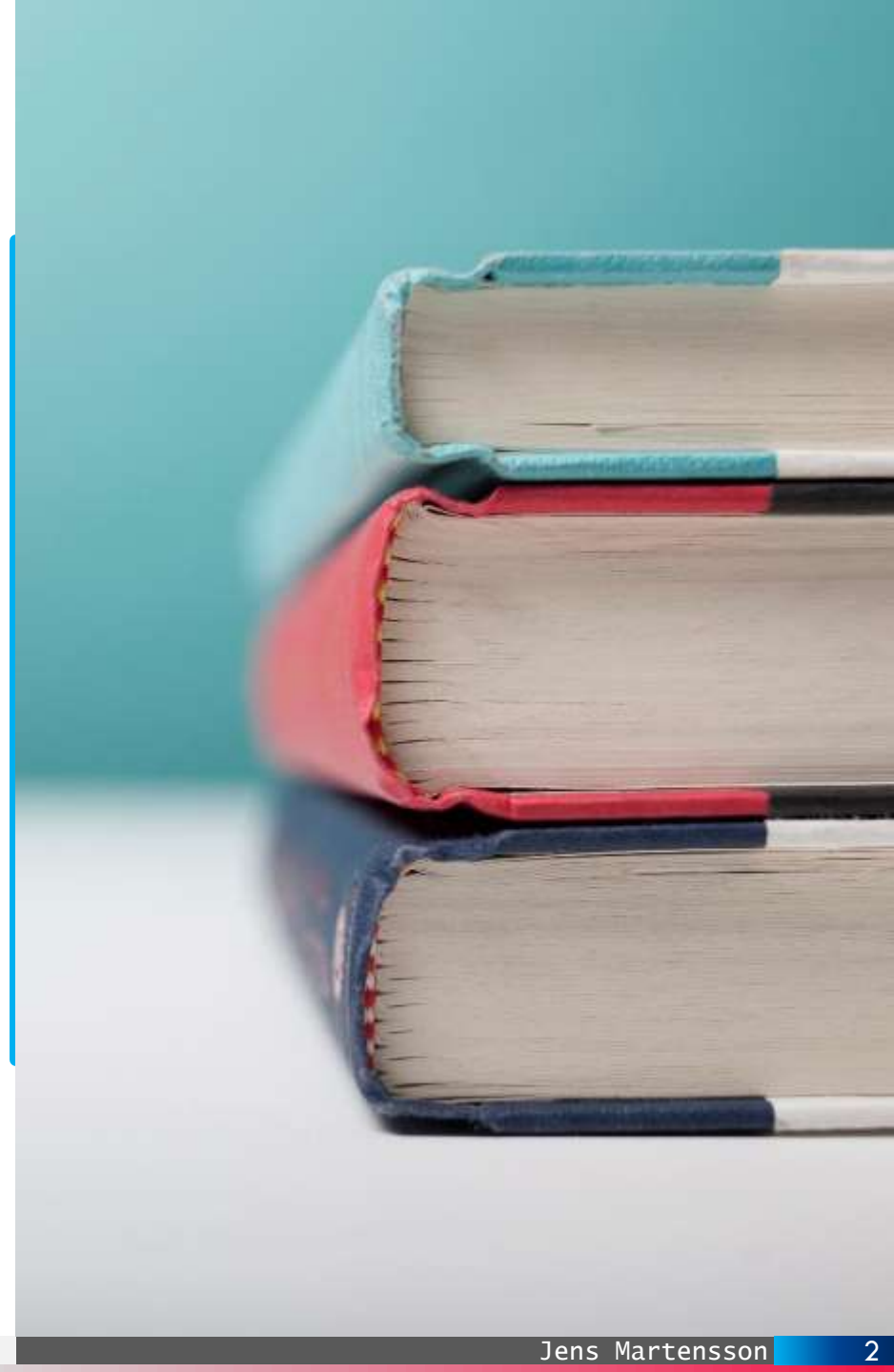
Totally Occluded SFA With Calcified Distal Segment: Endovascular Treatment

Suko Adiarto



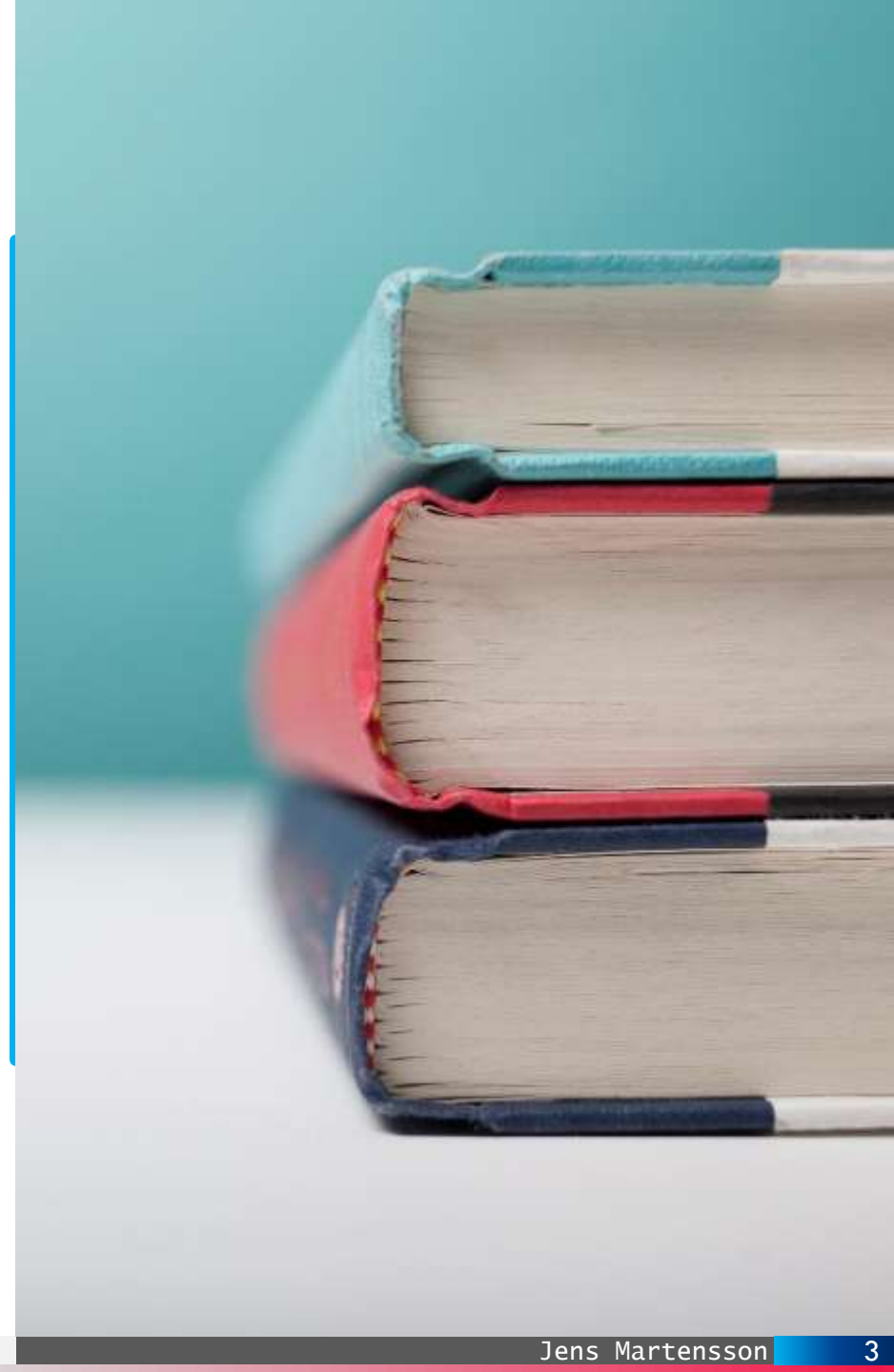
Disclosure

- Nothing to disclose

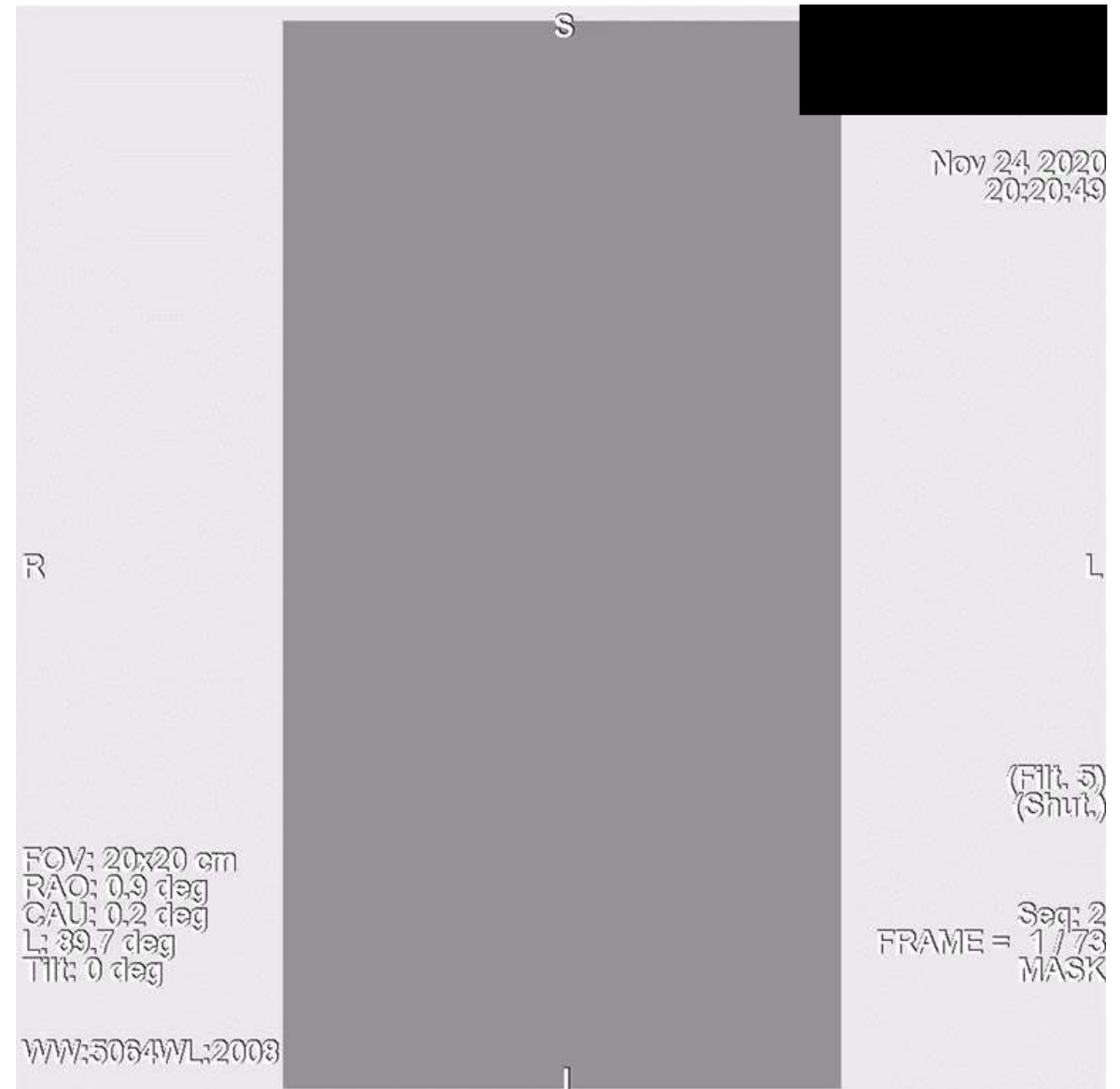


83 year-old Male

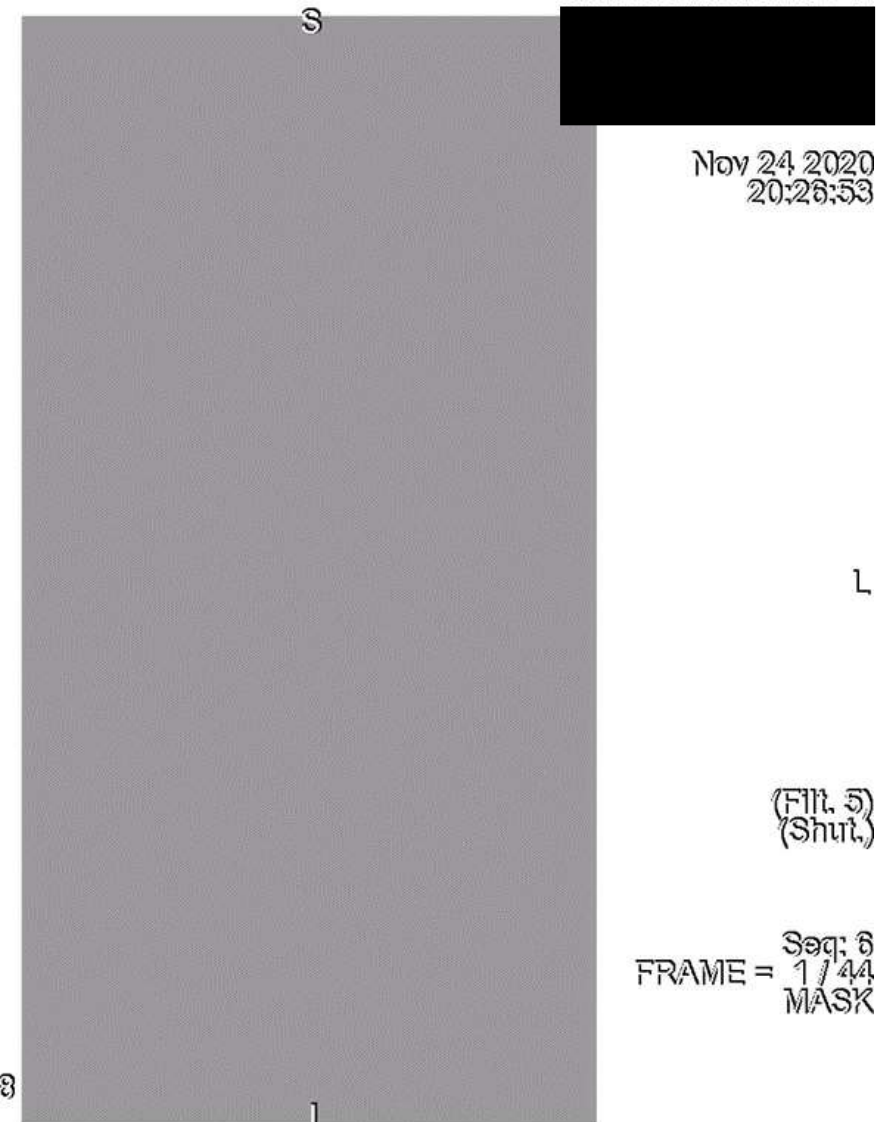
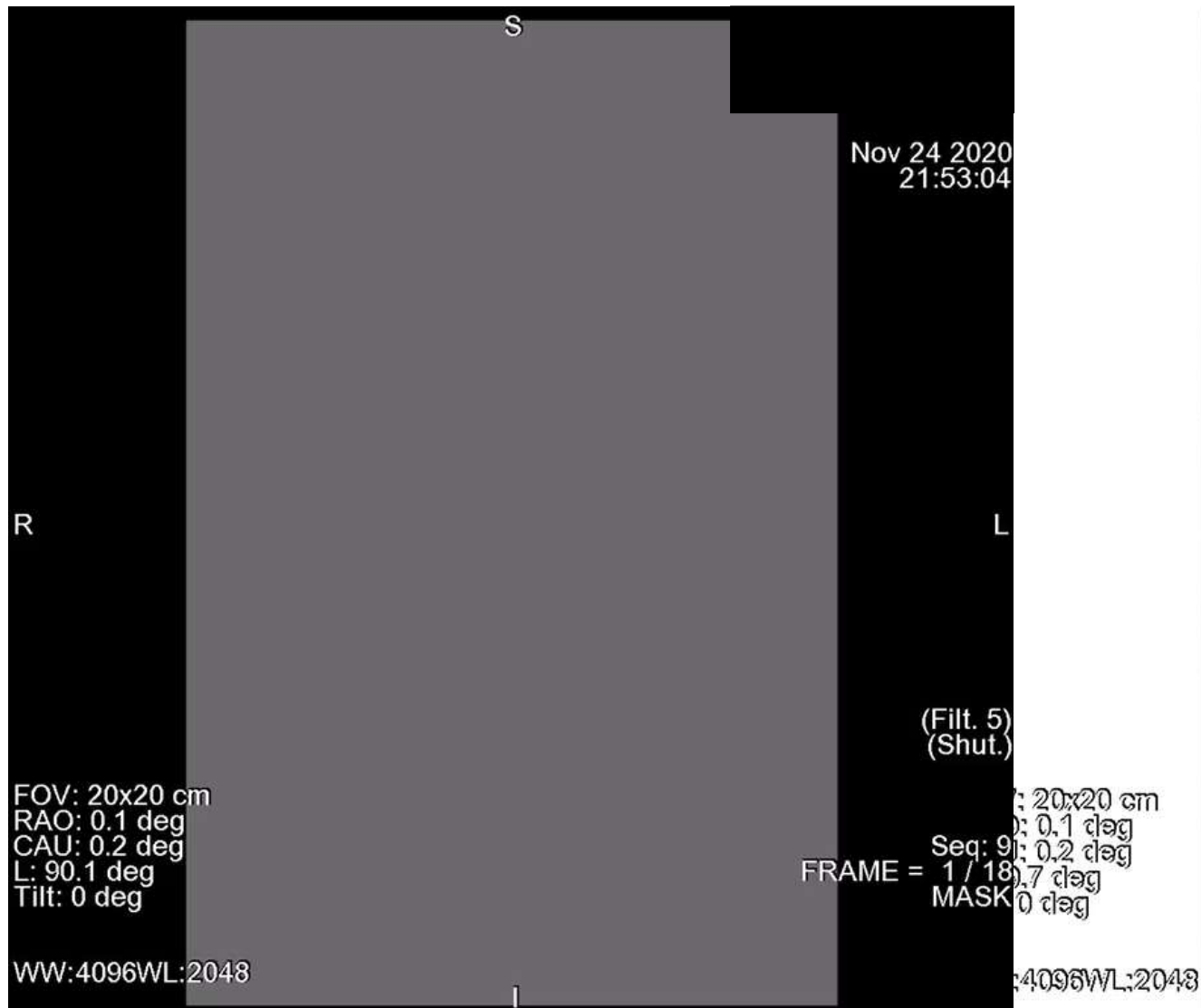
- Diabetes
 - Chronic Kidney Disease, Cr : 4.3
 - Ischemic Rest pain, Dry Gangrene
 - Ultrasound: totally occluded and calcified SFA
 - ABI : 0.7/0.3
-
- Plan:
 - PTA
 - Co2 Contrast media



Initial angiogram



Initial angiogram



Ways to Cross SF CTO

- Antegrade - intaluminal
- Antegrade - subintimal
- Retrograde -CART-SAFARI

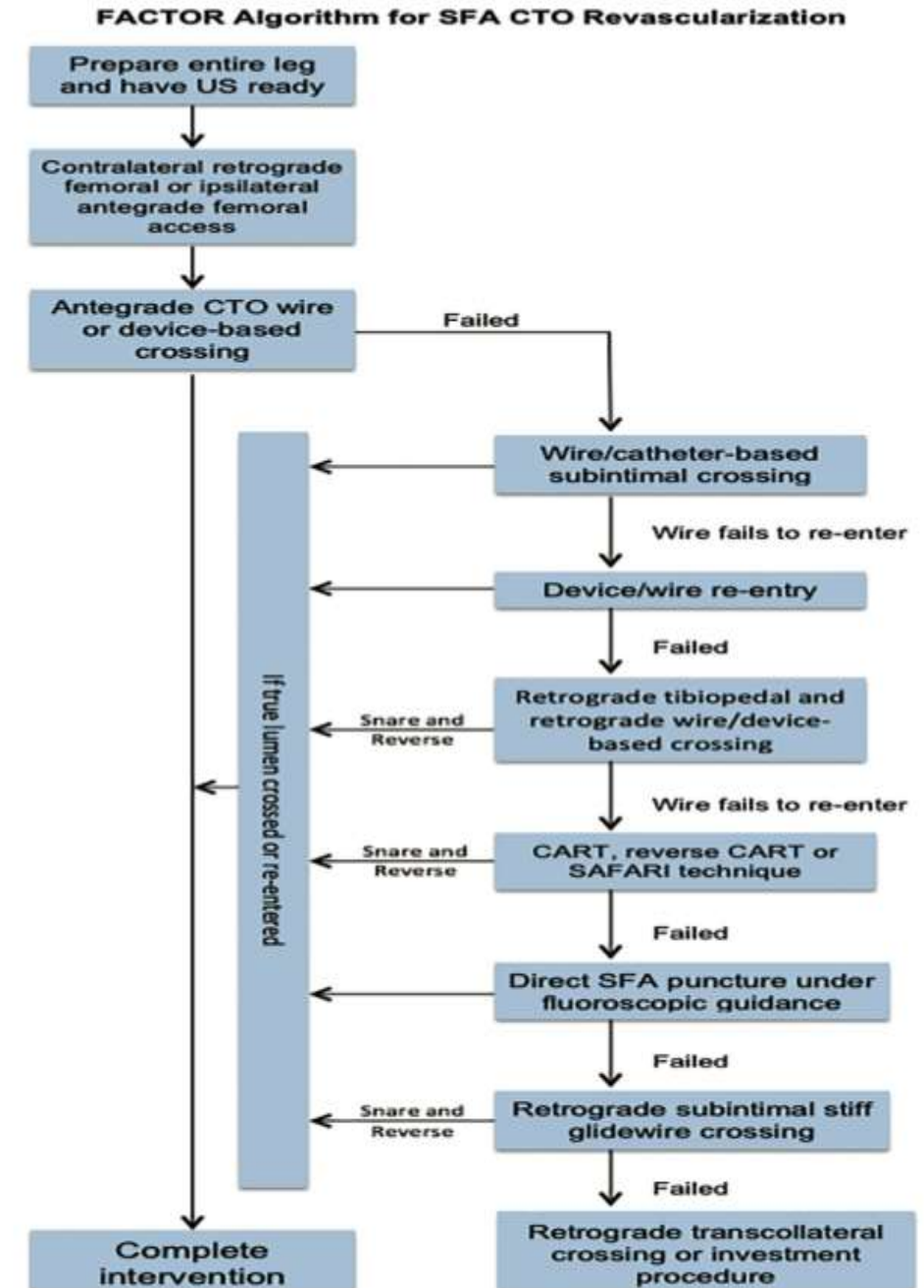
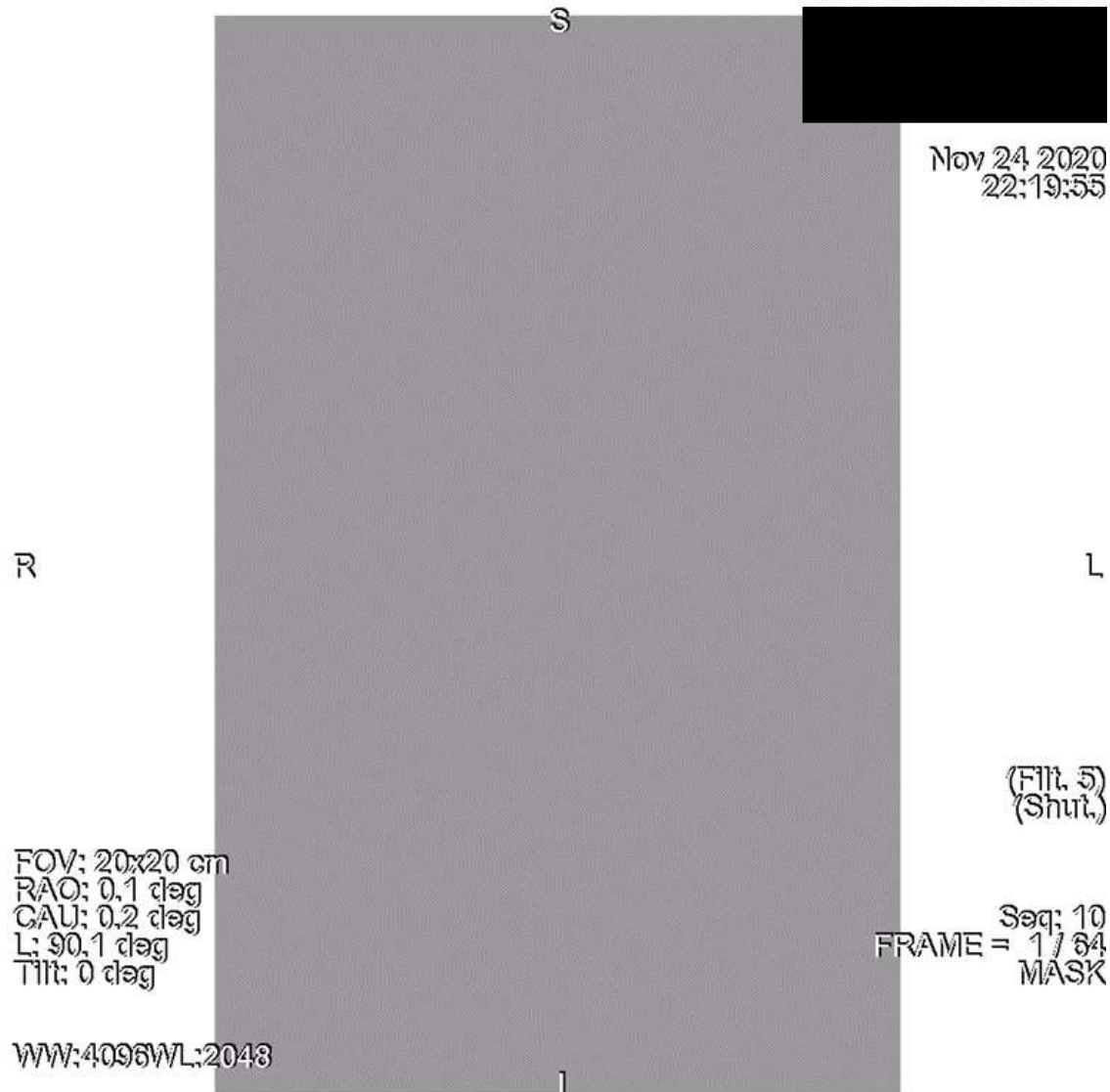


FIGURE 1. The femoral artery chronic total occlusion revascularization [FACTOR] algorithm.

Trying to cross antegradely



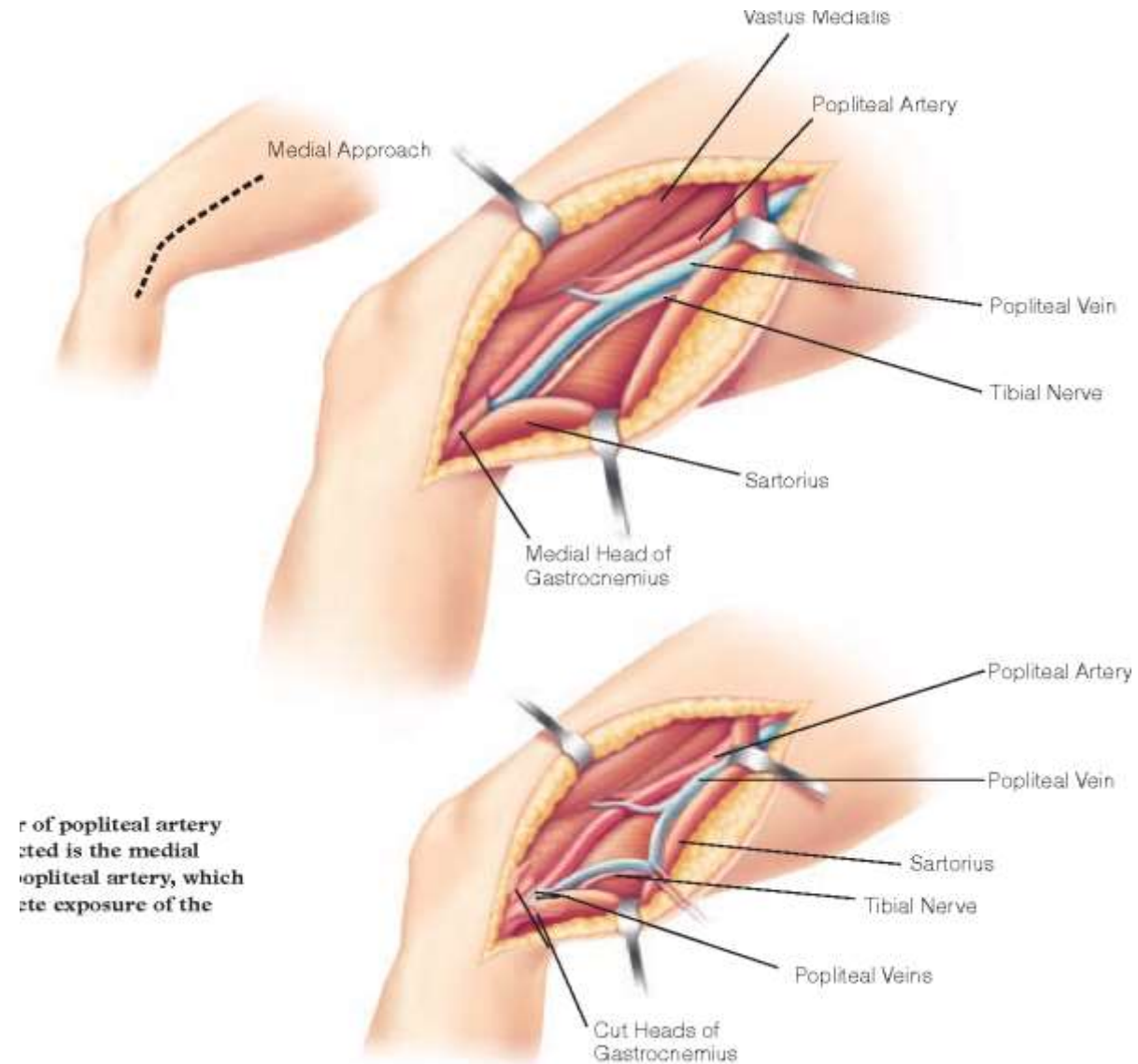
- Intraluminal crossing : failed
- Sub-intimal crossing:
Difficult, Stent at the
reconstitution site

Trying to cross retrogradely

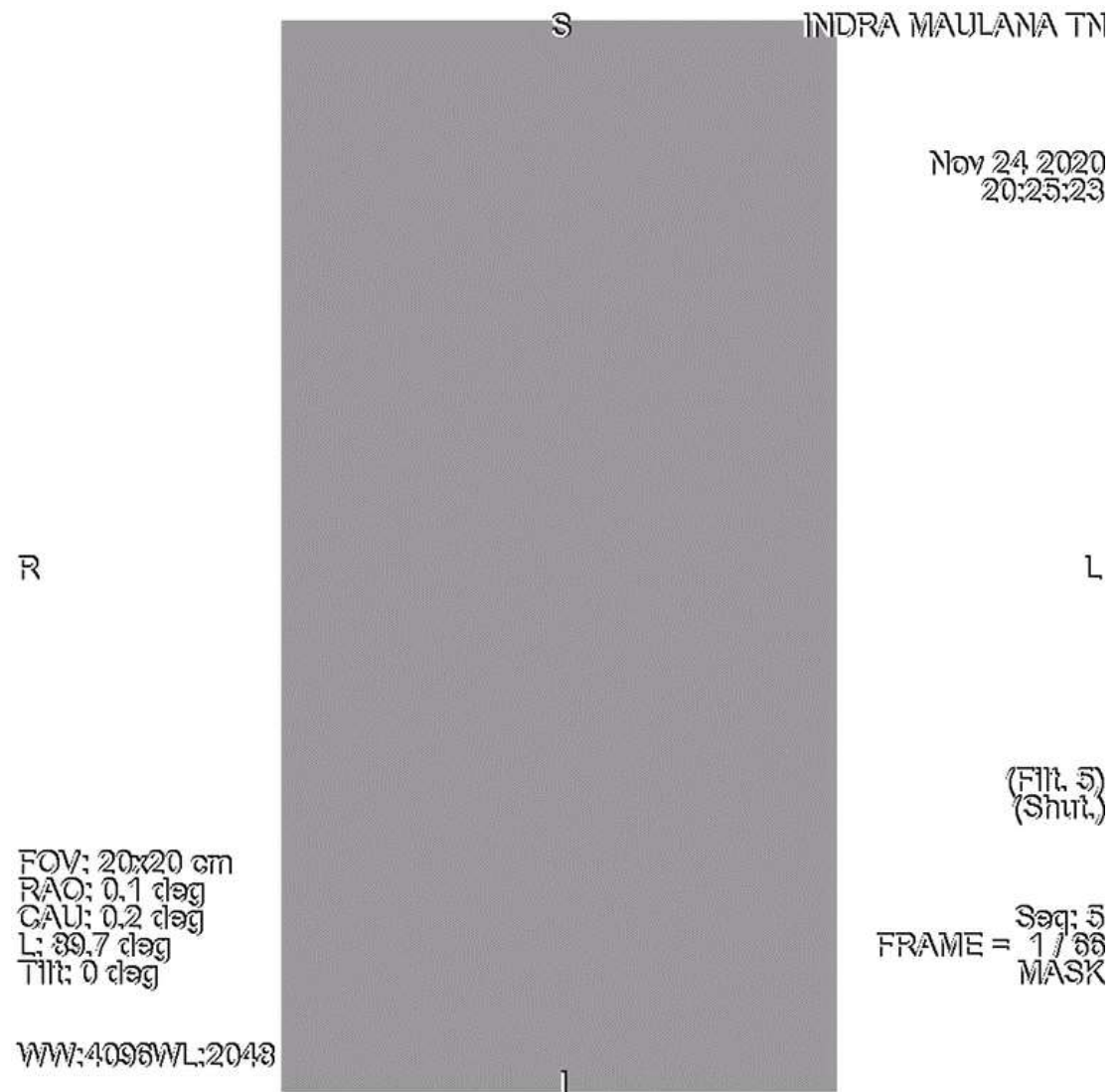


- Distal SFA puncture: failed
- Tibial puncture: less experience

Getting Help from A Surgeon



Looking back at the collateral Vessel



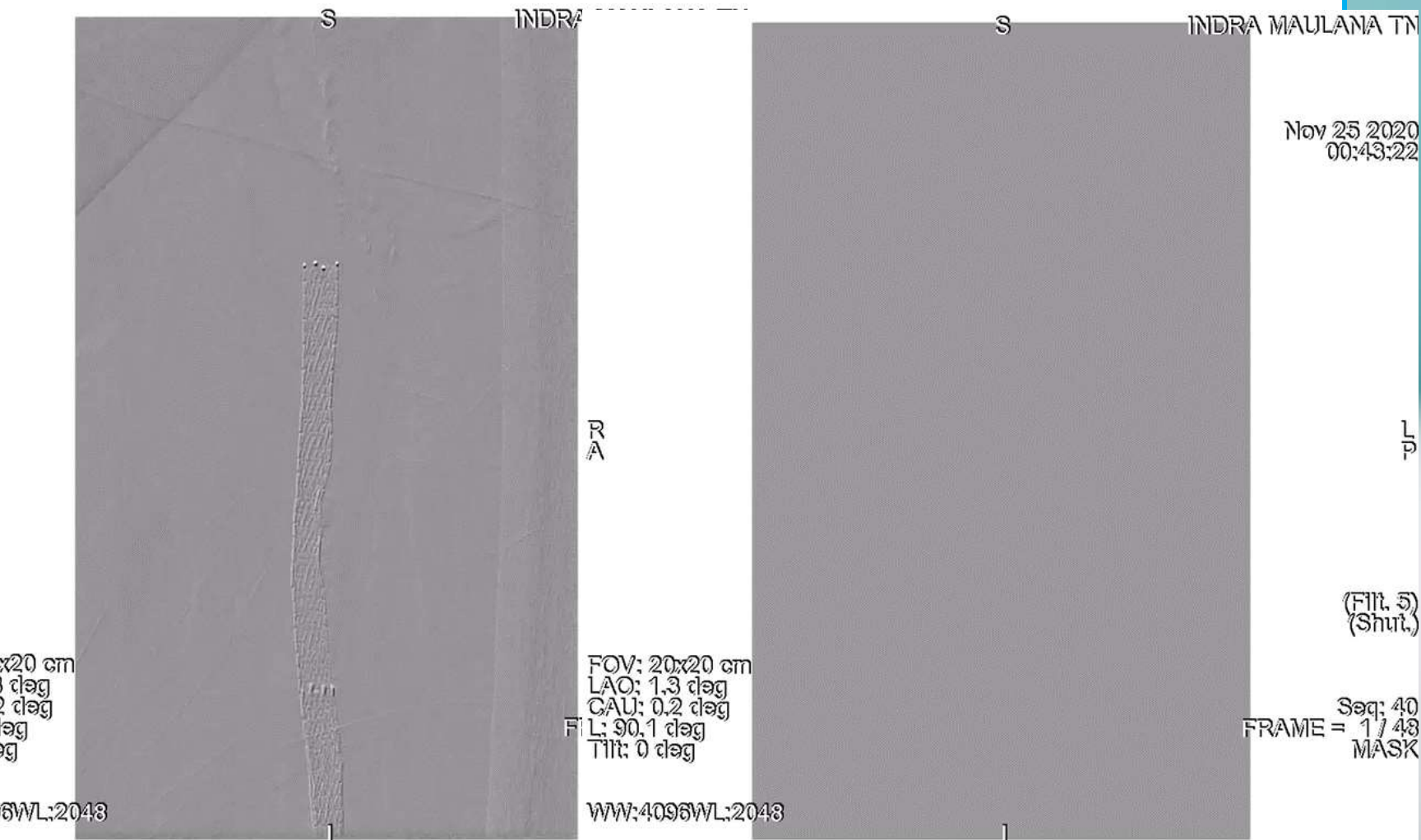
Trans-collateral Balloon Angioplasty



Crossed Antegradely



Final Angiogram



SFA CTO Crossing Algorithm and Success rate

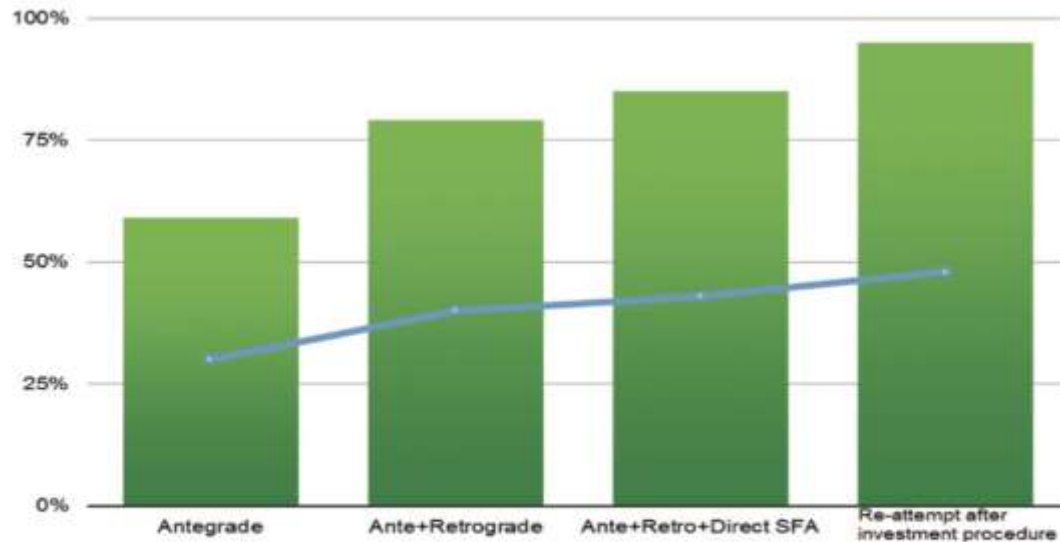


FIGURE 2. Chronic total occlusion success according to FACTOR algorithm-based access site. Ante = antegrade; FACTOR = femoral artery chronic total occlusion revascularization; SFA = superficial femoral artery.

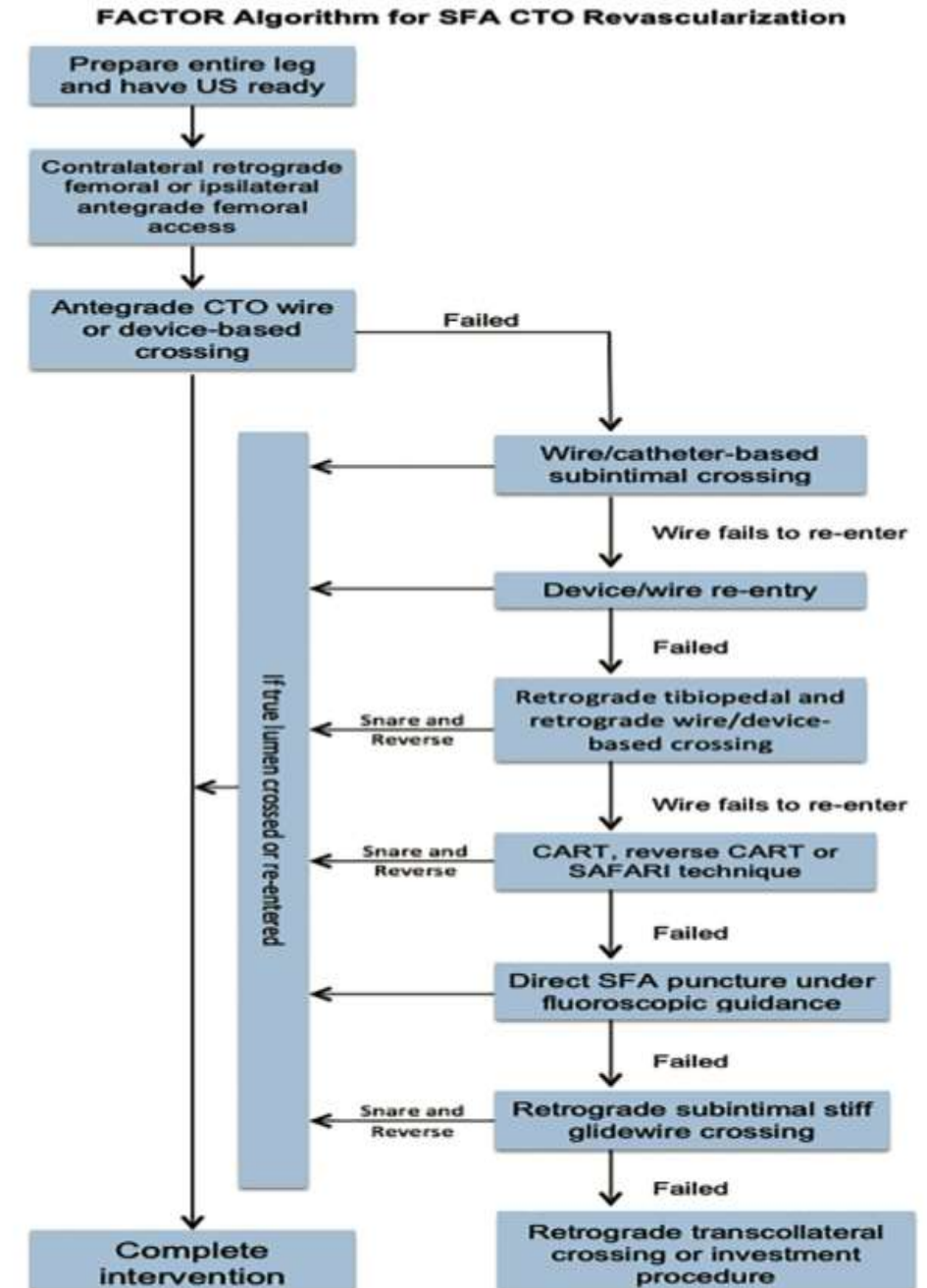
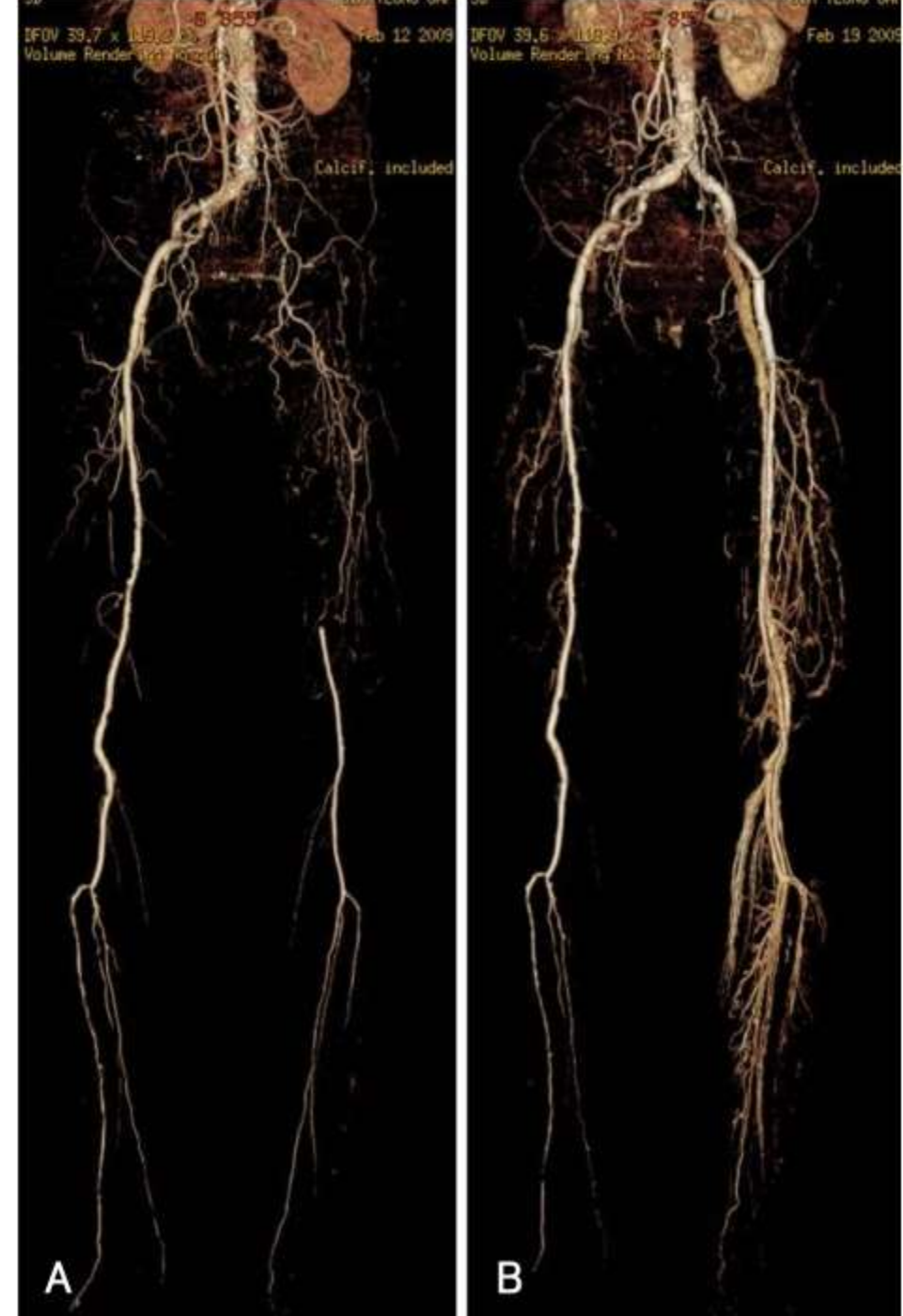


FIGURE 1. The femoral artery chronic total occlusion revascularization [FACTOR] algorithm.

Lessons Learned

- Retrograde approach is an essential part of strategy of treating peripheral CTO lesion
- Good collateral channel may be used to cross a CTO lesion retrogradely





Thank You

