Hybrid Therapy Consisting of Balloon Maceration and Subsequent Fogarty Thrombectomy for Subacute Lower Limb Ischemia

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Subacute lower limb ischemia is defined as occurring more than 14 days and less than 3 months from symptom onset (1). Despite tremendous advancements in the treatment of vascular disease, no treatment strategy has been established for subacute lower limb ischemia. A 67-year-old man with a history of intermittent claudication in the left lower limb experienced a sudden worsening of claudication and pain at rest 3 weeks previously. The patient was referred to our vascular team for diagnosis and treatment. Although blood tests revealed no abnormalities, his ankle pressure...
was not detectable due to severe ischemia. Enhanced computed tomography revealed total occlusion due to an organized thrombus from the left popliteal artery to the infrapopliteal trifurcation. Based on these findings, he was diagnosed with subacute lower limb ischemia. Using a cut-down approach, a 4-French sheath was placed in the left common femoral artery for confirmatory angiography (Figure 1A). We successfully crossed the occlusion with a 0.014-inch guide-wire and performed balloon angioplasty with a 2.0 × 40-mm² balloon to macerate the organized thrombus (Figures 1B and 1C). After removal of the sheath, we attempted fluoroscopy-guided thrombectomy with a 4-French Fogarty catheter to eliminate the underlying thrombus (Figure 1D). Final angiography demonstrated excellent revascularization (Figure 1E). Of particular note, a significant thrombus more than 15 cm in length was removed (Figure 2). His symptoms resolved immediately after the procedure, and his ankle brachial index increased to 0.8.

Hybrid therapy consisting of balloon maceration and Fogarty thrombectomy might be an additional therapeutic option for subacute lower limb ischemia with organized thrombus.

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REFERENCE

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