Case Summary. In severely calcified AVF with aneurysmal change, it is difficult to recanalize and perform endovascular balloon angioplasty, especially when the AVF becomes totally occluded. Multiple techniques evolved in percutaneous coronary intervention and peripheral angioplasty is often combined to yield a good result. This allowed the patient presented with a totally occluded AV fistula to recover the function of the hemodialysis access. When performed in experienced hands, endovascular approach provided similar efficacy of longterm patency rate with a shorter procedure time.

TCTAP C-170
Successful PTA with Graft Stent for Left Innominate Vein Stenosis Which Is Compressed by Brachiocephalic Trunk Under IVUS Assistance
Chung-Ho Hsu¹
¹China Medical University Hospital, Taiwan

[CLINICAL INFORMATION]
Patient initials or identifier number. HLAZ
Relevant clinical history and physical exam. A 74 year-old lady with a history of uremia under regular hemodialysis suffered from repeated left arm and face swelling. Left brachio-cephalic AV loop bypass was created for hemodialysis and recurrent left arm swelling was noted after creation of AV bypass. Fistulography showed stenosis of left innominate vein and axillary vein with repeated PTA performed. A 14.0 x 90 mm Wall stent was placed over left innominate vein but in vain.

Relevant test results prior to catheterization. Chest X ray: migration of Wall stent was noted
Chest CT: left innominate vein stenosis caused by compression of the brachiocephalic trunk

Relevant catheterization findings. A 6 Fr sheath was inserted to graft and left innominate vein stenosis with pressure gradient 60 mmHg was noted. Migration of Wall stent to left subclavian vein was noted.

[INTERVENTIONAL MANAGEMENT]
Procedural step. A 8Fr sheath was inserted to left brachio-cephalic AV loop bypass graft and a 12 Fr sheath was inserted to right common femoral vein. Left innominate vein was crossed with a 0.035 Roadrunner wire via arm and was trapped by a 15 mm Snare via right common femoral vein and externalization of the wire was performed. IVUS showed dynamic compression of left innominate vein by brachiocephalic trunk. The lesion was dilated with a 14.0/40 mm Wanda balloon at 10 atm and stented with a 13.0/50 mm Viabahn graft stent. Dynamic compression of the stent was noted by IVUS without pressure gradient found. Arm swelling and face swelling resolved after procedure.

Case Summary. Viabahn graft stent can be used safely for innominate vein stenosis compressed by brachiocephalic trunk. It also carries smaller risk for stent migration than Wall stent. IVUS evaluation is mandatory during the procedure.

TCTAP C-171
Successful Angioplasty for Subclavian Artery Occlusion with Bilateral Approach
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¹National Cheng Kung University Hospital, Taiwan

[CLINICAL INFORMATION]
Patient initials or identifier number. 00802947
Relevant clinical history and physical exam. 83 years old male
Past history: Myocardial infarction history underwent coronary intervention in 2013/12, CAD/2-V-D, LAD+RCA underwent stenting at that time and incidentally found left subclavian artery critical stenosis
Dyslipidemia
Chief complain: Dizziness occasionally
Physical examination: Bilateral radial pulse difference
No other remarkable abnormalities
[Previous Angiography] Showed left subclavian artery critical stenosis