Failed Endovascular Therapy of Carotid Arterial Embolism Due to Iliac Atheromatous Plaque Embolization

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[Clinical Information]
Patient initials or identifier number: 0262266GH

Relevant clinical history and physical exam:
- A 62-year-old male was admitted to the hospital for acute limb ischemia in the left leg.
- The patient had a history of hypertension and dyslipidemia.
- Physical examination revealed cyanosis of the left lower limb.

Relevant test results prior to catheterization:
- An electrocardiogram did not show atrial fibrillation.
- An abdominal ultrasonography showed a large atherosclerotic plaque in the left iliac artery.

Procedural step:
- Initial angiography through 6 French Destination guiding sheath in the left femoral artery revealed a huge embolus in the left iliac artery.
- A Fogarty balloon catheter and aspiration catheter were used to retrieve the embolus.

Results:
- Successful reperfusion to the left lower limb was achieved.
- Embolic material including atherosclerotic plaque, thrombus, and tumor-like tissue were retrieved.

Case Summary:
- The patient underwent a hybrid procedure involving endovascular therapy and open surgery.
- A Fogarty balloon catheter and aspiration catheter were used to retrieve the embolus.
- An open surgical repair was performed using a bifurcated graft.
- The patient was discharged on day 20 in stable condition.

TCTAP C-222

Successful Endovascular Therapy for Acute Limb Ischemia Due to Kinking of Bilobed Graft for Abdominal Aortic Aneurysm

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[Clinical Information]
Patient initials or identifier number: S.N.

Relevant clinical history and physical exam:
- A 62-year-old male was admitted to the hospital for acute limb ischemia in the left leg.
- The patient had a history of abdominal aortic aneurysm and left common iliac artery (CIA) stenosis.

Relevant test results prior to catheterization:
- An electrocardiogram did not show atrial fibrillation.
- An abdominal ultrasonography showed a huge atherosclerotic plaque in the left iliac artery.

Procedural step:
- Initial angiography through a 6 French Destination guiding sheath in the left femoral artery revealed a total occlusion of the abdominal aorta at its bifurcation.
- X-support micro-catheter (Zeon, Japan) was inserted into the left CFA for bi-directional approach.
- A retrograde 0.018 Treasure guide wire (SJM, US) was used to cross the occlusion.

Results:
- Successful reperfusion to the left lower limb was achieved.
- An Epic stent was deployed in the occluded limb of the bifurcated graft.

Case Summary:
- The patient underwent a hybrid procedure involving endovascular therapy and open surgery.
- A Fogarty balloon catheter and aspiration catheter were used to retrieve the embolus.
- An open surgical repair was performed using a bifurcated graft.
- The patient was discharged on day 20 in stable condition.

TCTAP C-223

Failed Endovascular Therapy of Carotid Arterial Embolism Due to Iliac Atheromatous Plaque Embolization

Takashi Yamamoto, Satoru Akiyama
Osaka City University Graduate School of Medicine, Japan

[Clinical Information]
Patient initials or identifier number: M.G.

Relevant clinical history and physical exam:
- A 62-year-old man was admitted to the hospital for acute limb ischemia in the left leg.
- The patient had a history of hypertension and dyslipidemia.

Relevant test results prior to catheterization:
- An electrocardiogram did not show atrial fibrillation.
- An abdominal ultrasonography showed a huge atherosclerotic plaque in the left iliac artery.

Procedural step:
- Initial angiography through a 6 French Destination guiding sheath in the left femoral artery revealed a total occlusion of the abdominal aorta at its bifurcation.
- X-support micro-catheter (Zeon, Japan) was inserted into the left CFA for bi-directional approach.
- A Fogarty balloon catheter and aspiration catheter were used to retrieve the embolus.

Results:
- Successful reperfusion to the left lower limb was achieved.
- An Epic stent was deployed in the occluded limb of the bifurcated graft.

Case Summary:
- The patient underwent a hybrid procedure involving endovascular therapy and open surgery.
- A Fogarty balloon catheter and aspiration catheter were used to retrieve the embolus.
- An open surgical repair was performed using a bifurcated graft.
- The patient was discharged on day 20 in stable condition.