Peripheral Vascular Intervention
(Non-carotid, Non-neurovascular)
(TCTAP C-179 to TCTAP C-225)

TCTAP C-179
Hybrid Repair of Acute Aortic Dissection During Ascending Aortic and Hemiarch Replacement for Type 1 Intramural Hematoma
Sergey Abugov, E. Charchyan
National Surgery Center by Petrovskiy, Russia

[Clinical Information]
Patient initials or identifier number: T. M. Yu.
Relevant clinical history and physical exam: Chest pain 2 weeks prior hospitalisation.
Relevant test results prior to catheterization:
CT: Type 1 intramural hematoma, ascending aortic aneurism, hemopericardium
CA: No coronary stenosis
Anemia: Hgb - 7.5 g/dl

[Interventional Management]
Procedural step:
1. Ascending aortic and hemiarch replacement
2. Acute dissection distally to the replaced segment by TEE
3. Aortic arch debranching procedure
4. Stent-graft placement, Valiant-Captiva 34-200
5. Postoperative (12 hours after) bleeding from brachiocafalic stump. Resternotomy
6. CT-scan
7. Second stent graft placement. Valliant-Captiva 36-200
8. CT-scan 7 days after

Case Summary:
This is a successful treatment of acute dissection during planned surgery of huge intramural hematoma.

TCTAP C-180
Popliteal Artery Aneurysm: Stenting Bringing down a Worst Scenario
Hitoshi Anzai
Ohta Memorial Hospital, Japan

[Clinical Information]
Patient initials or identifier number: S.M.
Relevant clinical history and physical exam:
(Patient) 70 year-old, Male
(Chief complaint) Severe rest pain and cyanosis (skin color change) in the right foot.
(Present illness)
In other hospital
On 2010 Nov 1st, he was admitted for ALI (acute limb ischemia). The right distal SFA (superficial femoral artery) occlusion was recanalized by EVT (endvascular treatment). Then, the patient had been followed under anticoagulation.
In August 2013, severe rest pain recurred and reocclusion of the right SFA was confirmed. The SFA through the PTA (posterior tibial artery) was recanalized. However they failed to recanalize the ATA (anterior tibial artery) and the PeA (peroneal artery). Two weeks later during the hospitalization, rest pain recurred and reocclusion was confirmed. In this session, they deployed a stent (Smart stent 8 mm in diameter) in the distal SFA to restore antegrade blood flow.