



Angioplastie périphérique étage fémoro-poplité et jambier

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EURO-PHARMAT
Lille – 9-10-2012

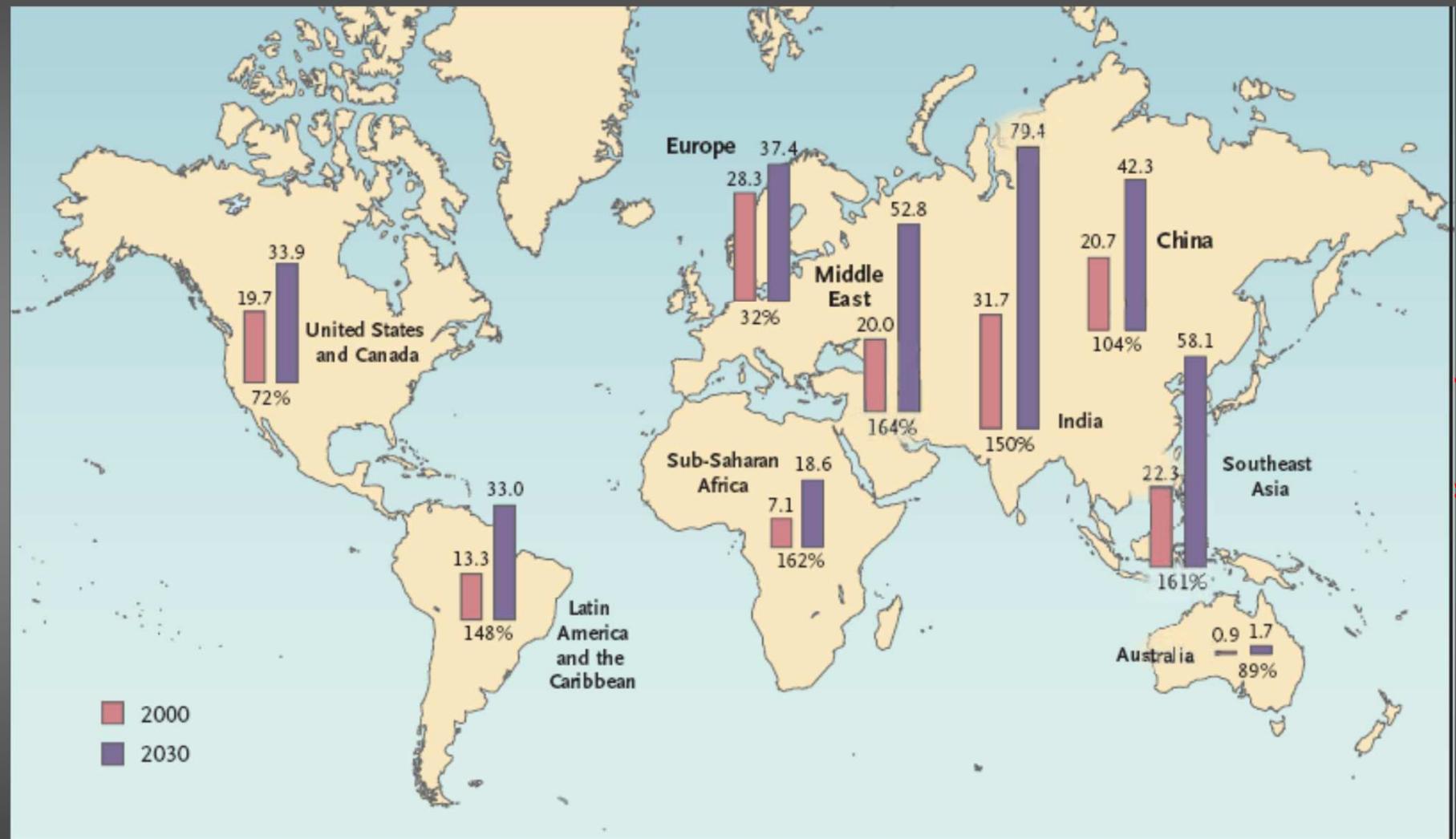


CLI : definition



	Fontaine class	Rutherford category	ABI	Symptoms
Ischemic rest pain	III	4	<0.5	rest pain
Minor tissue loss	IV	5	<0.5	minor tissue loss (ulceration)
Major tissue loss	IV	6	<0.5	major tissue loss (gangrene)

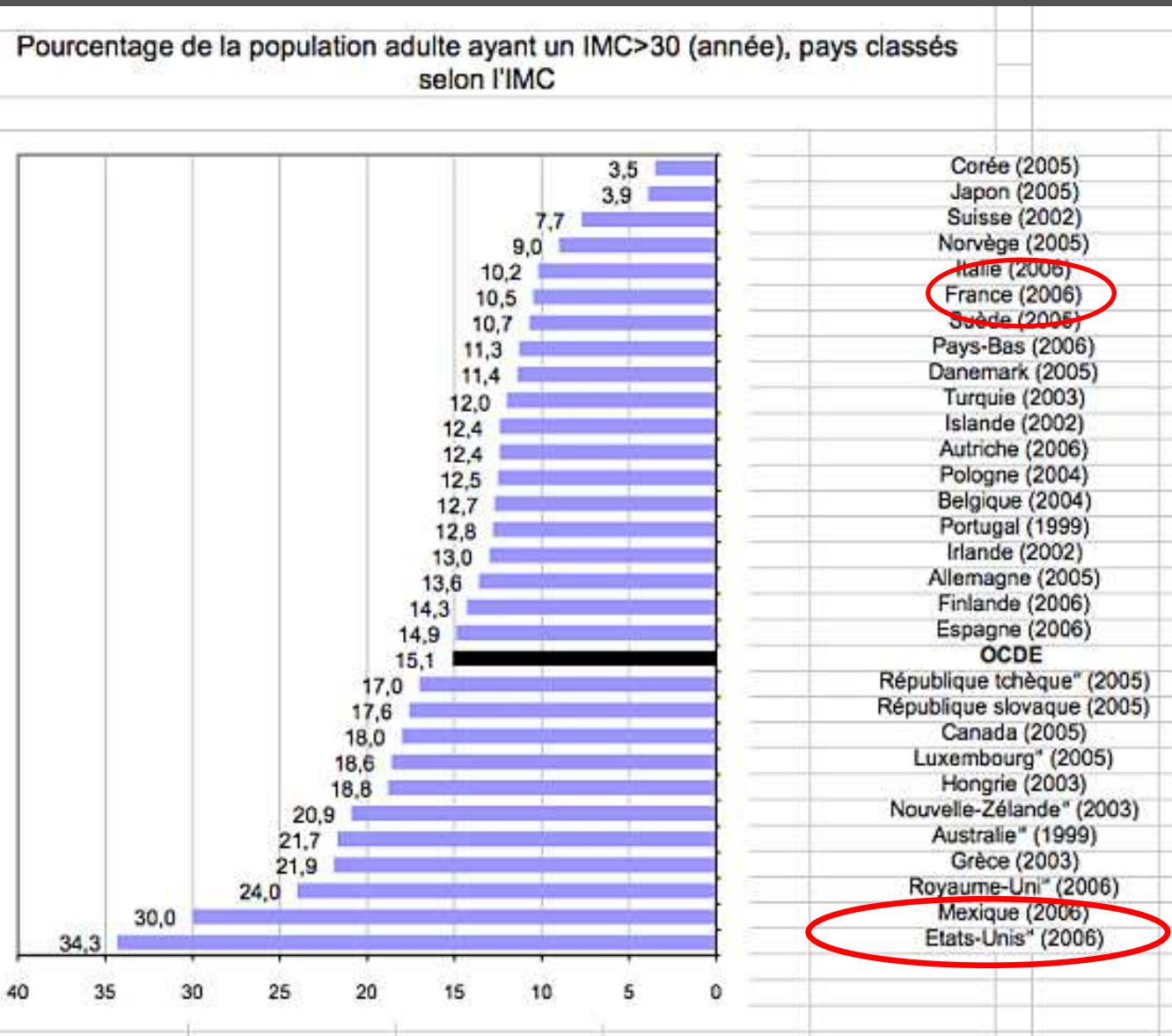
DIABETES : EPIDEMIOLOGY



Millions of Cases of Diabetes in 2000 and Projections for 2030, with Projected Percent Changes.

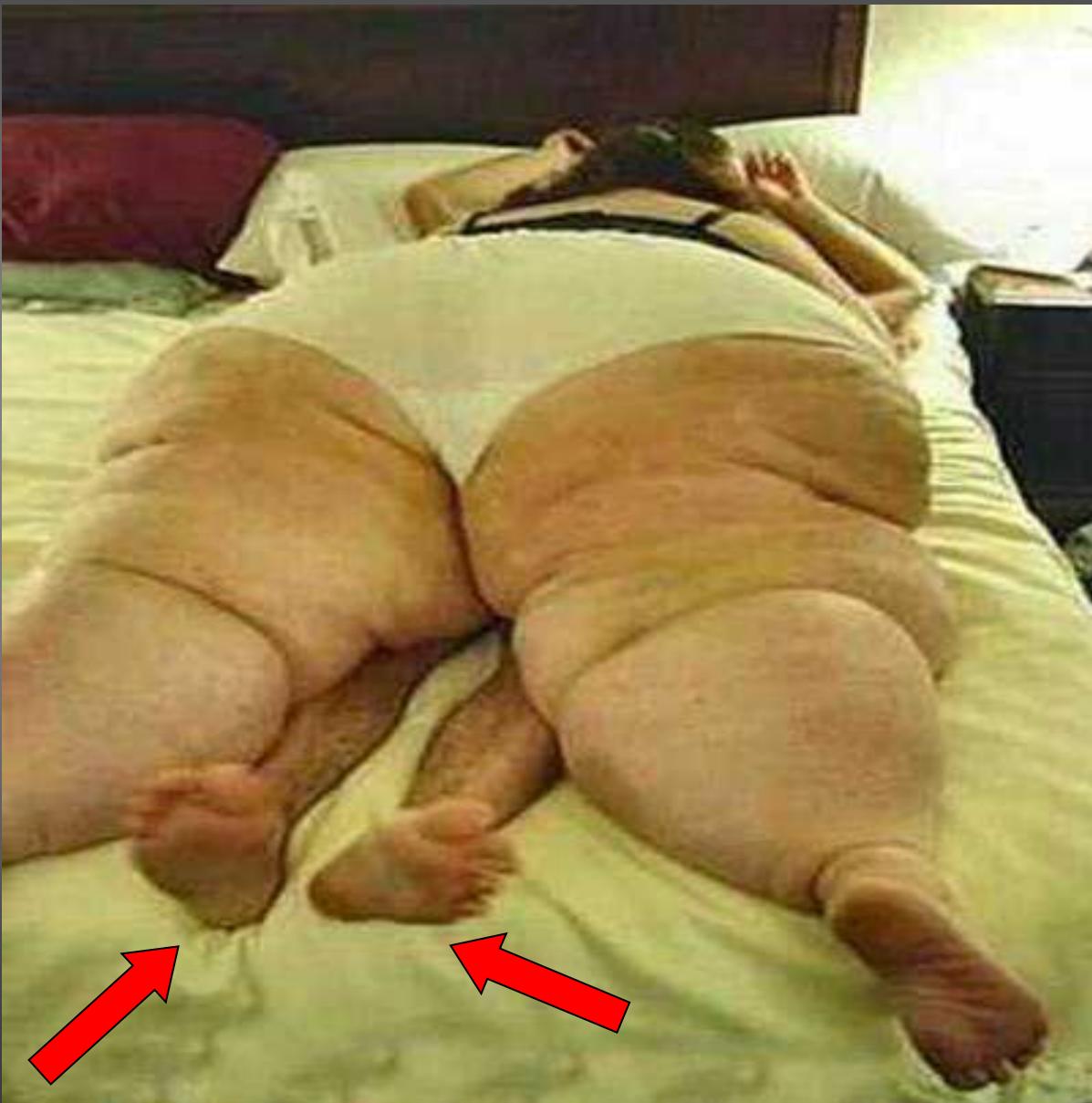
Wild S, *Diabetes Care*, 2004

OBESITY : EPIDEMIOLOGY



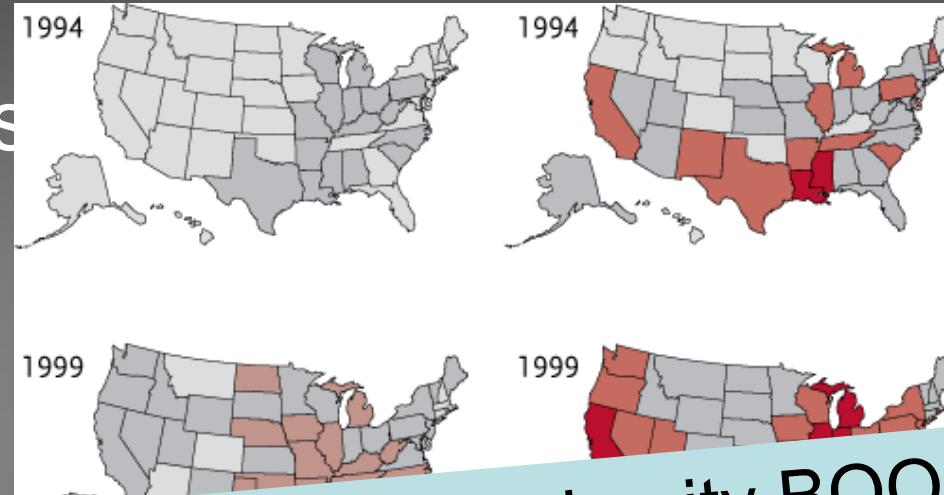


OBESITY : EPIDEMIOLOGY

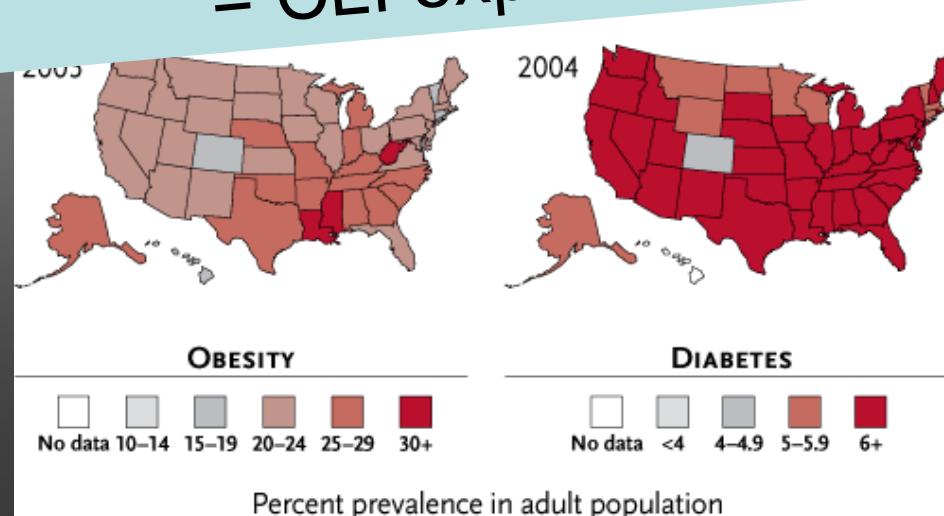


EPIDEMIOLOGICAL NIGHTMARE

- Diabetes



Diabetes BOOMING + obesity BOOMING
= CLI explosion





ENDOVASCULAR

- Now dedicated devices
 - Specific introduceurs
 - Guide Wires + support catheter
 - Ballons + DEB
 - Stents – BES + SES + DES

GUIDEWIRES

– 0.035" – 0.032"

- GuideWire 180 cm – 260 cm

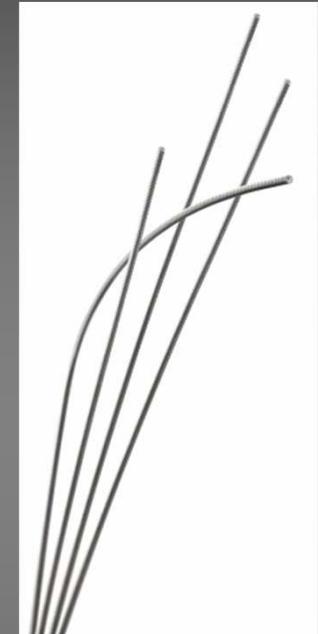
– 0.018"

- SV Wire 180cm
- V-18 ControlWire 180cm

- New generation 195 cm and 300 cm

– 0.014"

- From cardiac therapy 180cm wires up to 300 cm
- New generation nitinol coated





GUIDEWIRES SUMMARY

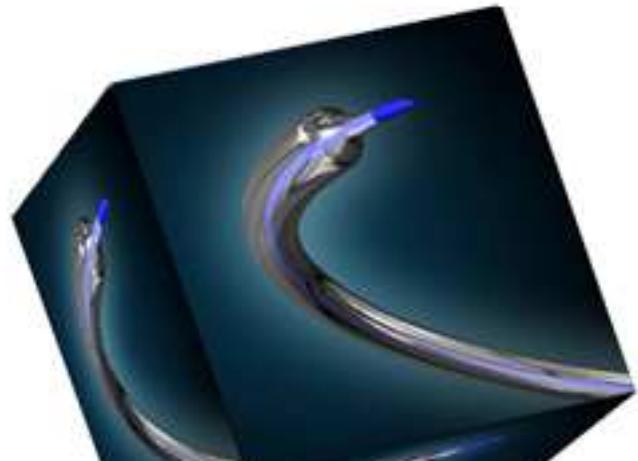


- 0.014" are dedicated for navigation
 - Multostenosed lesions
 - In foot lesions
- 0.018" are dedicated for recanalisation
 - Thrombosis and preocclusive lesions
- 0.035" peripheral endovascular use and long recanalisation

DEVICES : Balloons

- Dedicated balloons
 - 0.035, Oversize the length of balloon,
But NEVER oversize the diameter size
 - Dedicated diameter and length

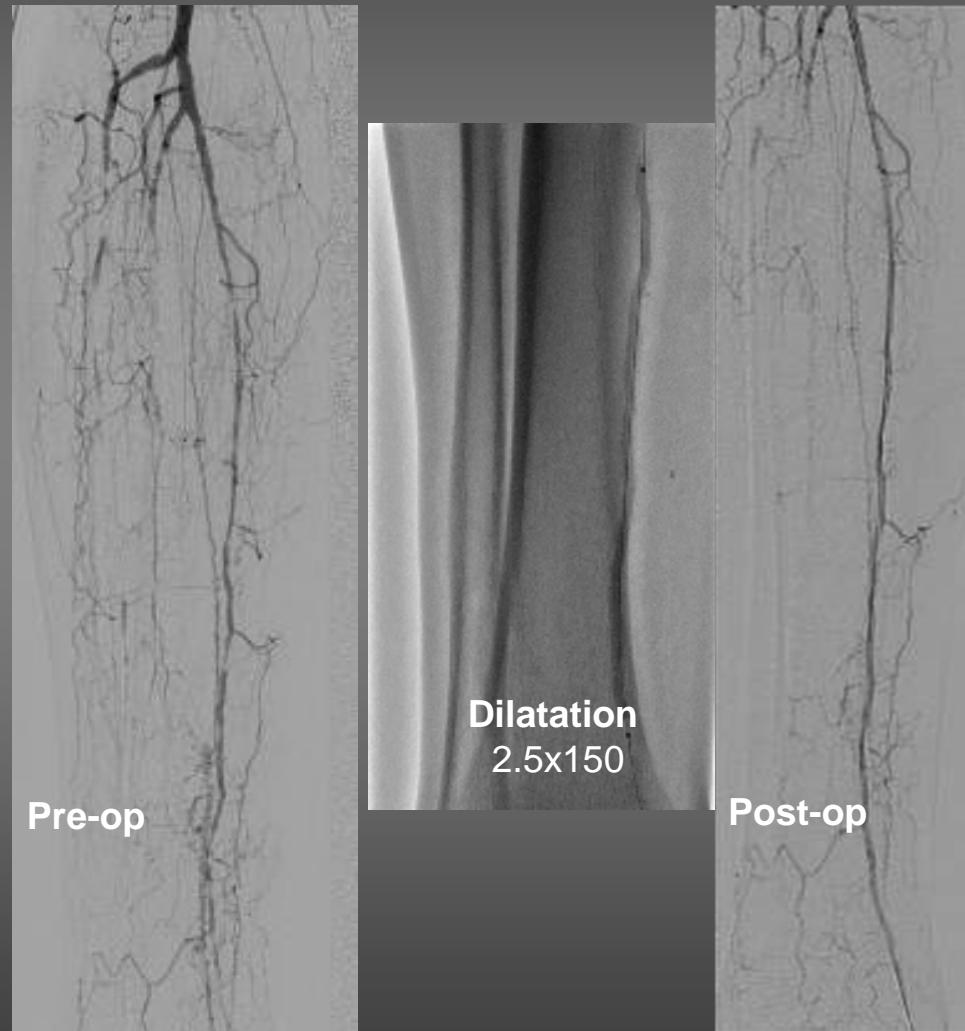
– 0.018" – OTW
2 to 4 mm
2 to 220 mm



- 0.014" – Rx
2 to 4 mm
40 to 220 mm – shaft 150 cm

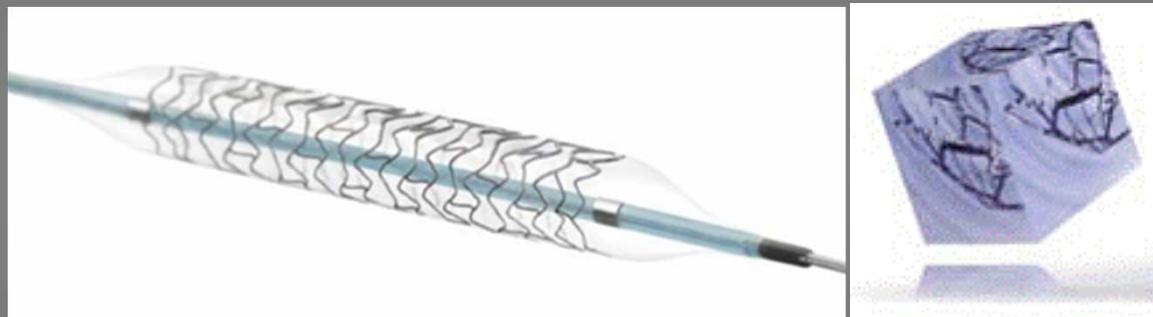
DEVICES

- Example:

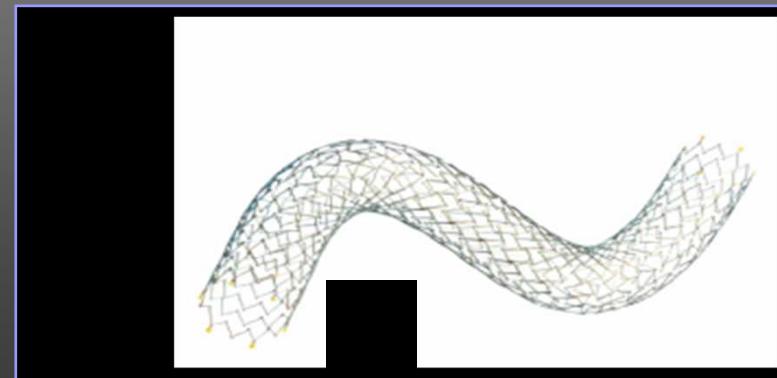


DEVICES - STENTS

- Dedicated stents for peripheral lesions
 - BES good radial force and good visibility

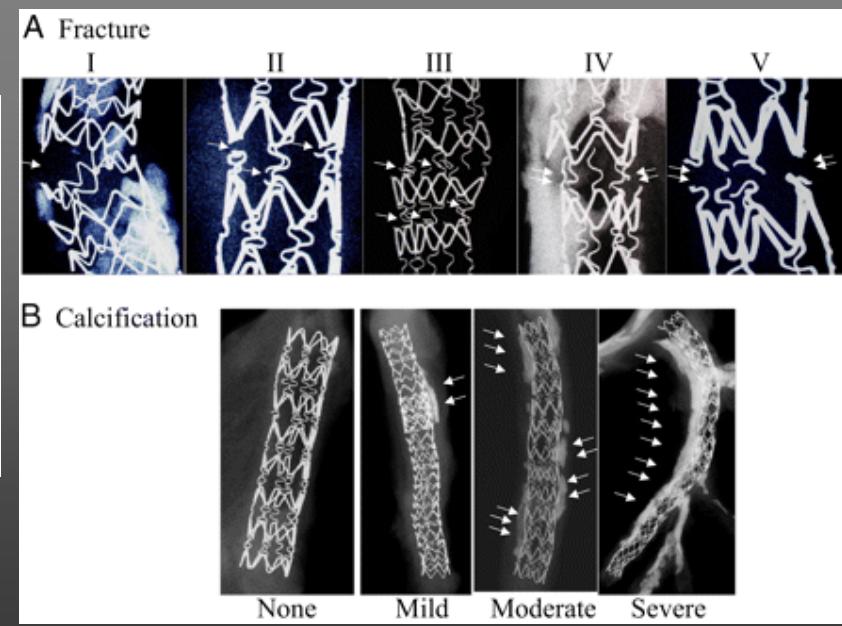


- SES less radial force – length superior (up to 200 mm)



INTRODUCTION

- Stenting is efficient for coronaries, carotids, iliac arteries.....controversy ??
- maybe some physicians assimilate peripheral stenting to:





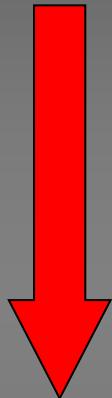
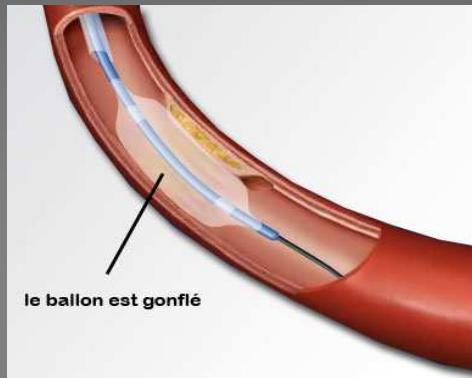
Stenting

- **IMPORTANT TO STENT**
 - EuroPCR 2003, N=74 Vs 58
 - Technical success 79% Vs 95%
 - Patency @ M12: 53% Vs 84%
 - CVIR 2005 N
 - Randomized prospective study **N=52**
 - 6 months patency : 83.7% (stent) Vs 61.1% (PTA)
 - Overall LS: 98% @ M6

Angioplasty what does it mean ??



- Atherosclerotic lesion compression



- Atherosclerotic lesion compressed



Plaque
ruptured
=
instability

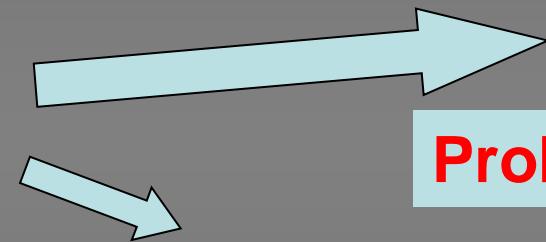
INSTABILITY

what does it mean ??



- It means risk of complications

Parietal
instability

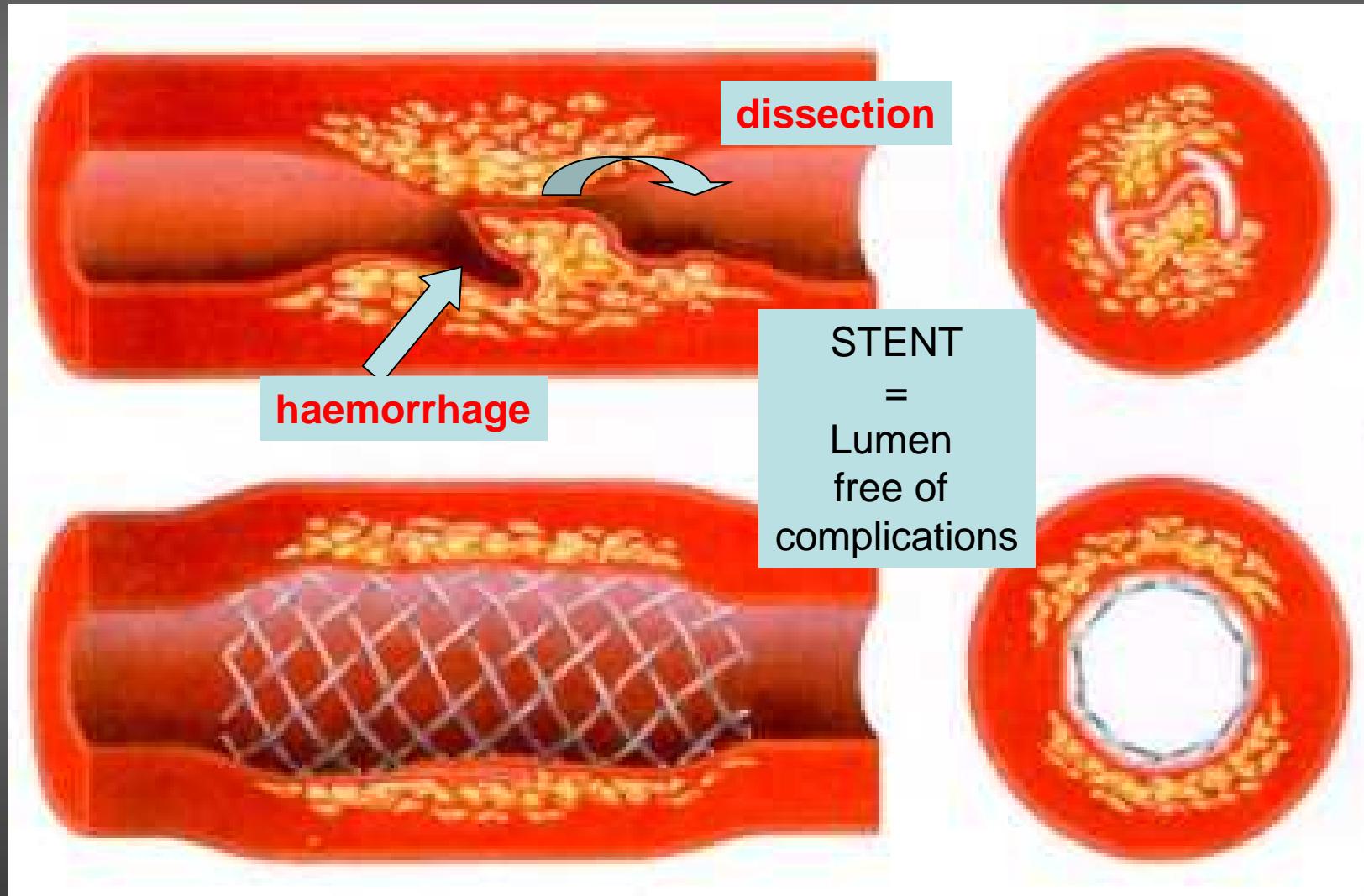


Problems !!!



Wall support
=
security

What is the solution ??



DATA



- M Bosiers et al. J cardiovasc Surg 2007;48:455-61.
 - 47 CLI patients – 58 BTK lesions – 67 SES (Xpert®-Abbott)
 - 1 year angiographic control
 - 20.45% restenosis
 - Patency rate = 76.3%
 - Clinical status at 1 year
 - Limb salvage = 95.9%
 - F Baumann et al. J Vasc Interv Radiol 2008;19:65-73.
 - 33 patients – 40 BTK lesions – 50 treated lesions
 - 1 year angiographic control
 - 40% restenosis
 - Clinical status at 6 months
 - 55.9% with improvement
- Thus maybe adapted stenting is efficient ?!**

STENTING mandatory

- 63 years old male – debridement in an other center



BTK lesions

Taille de l'image : 1024 x 1024
Taille de la vue : 880 x 880
NF : 2973 LF : 611



ANGIPLASTIE JAMBIERE DT (58 y)
Vascular>All body region\Yascu Std+ — Cartographie artérielle en radioscopie
Taille de l'image : 1024 x 1024
NF : 2732 LF : 3568



revascularisation

0.018' wire +
support
catheter



Long angioplasty

Balloon 4x120mm

Taille de l'image : 1024 x 1024
Taille de la vue : 880 x 880
NF : 2189 LF : 3590

ANGIOPLASTIE JAMBIERE DT (58 y , 58 y)
Vascular>All body region-Vascu Std+ - Cont.
1
42

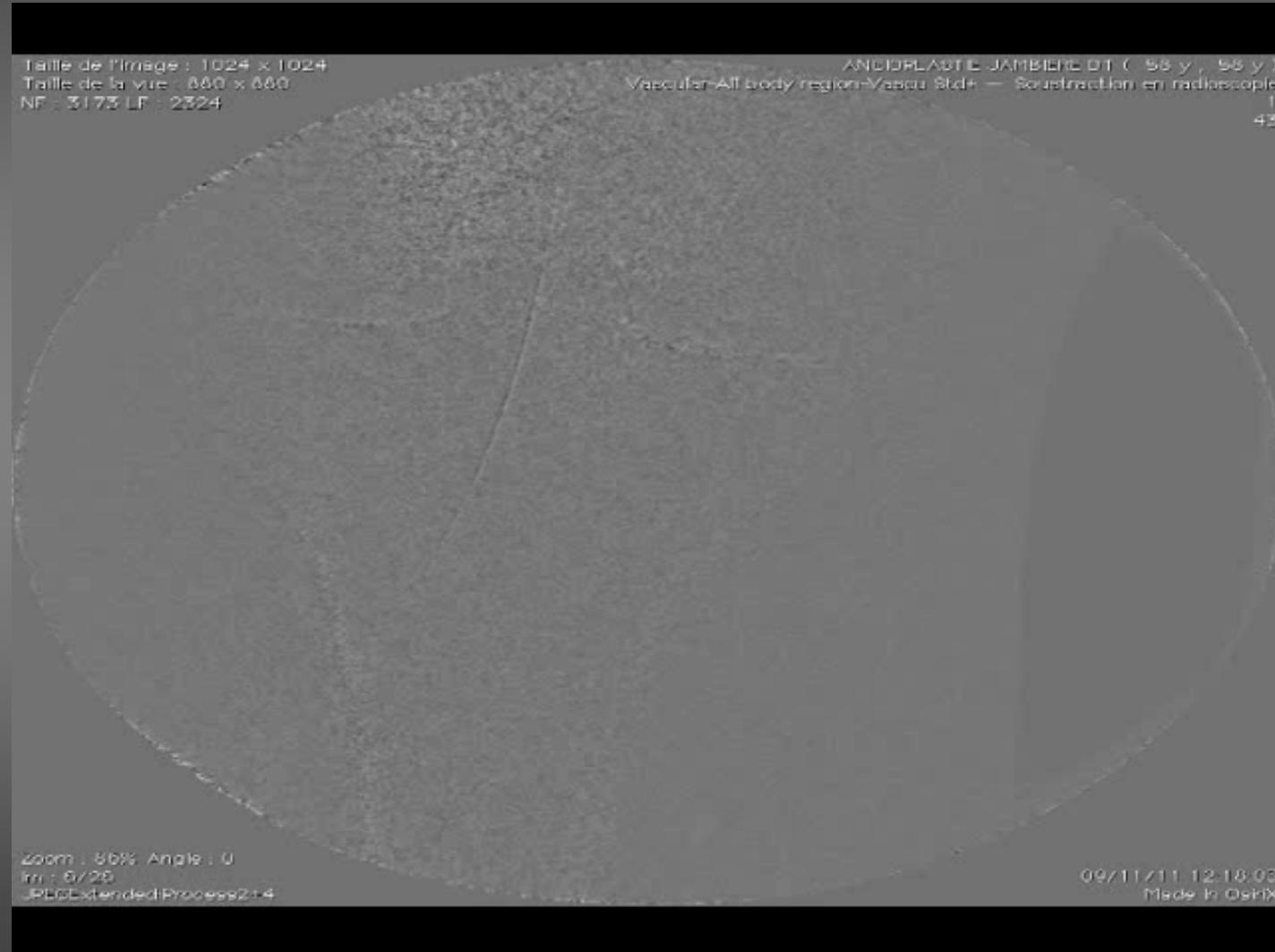


Zoom : 86% Angle : 0
Im : 1/1
JPEGExtendedProcess2+4

09/11/11 11:21:16
Made In OsiriX



Remaining lesions

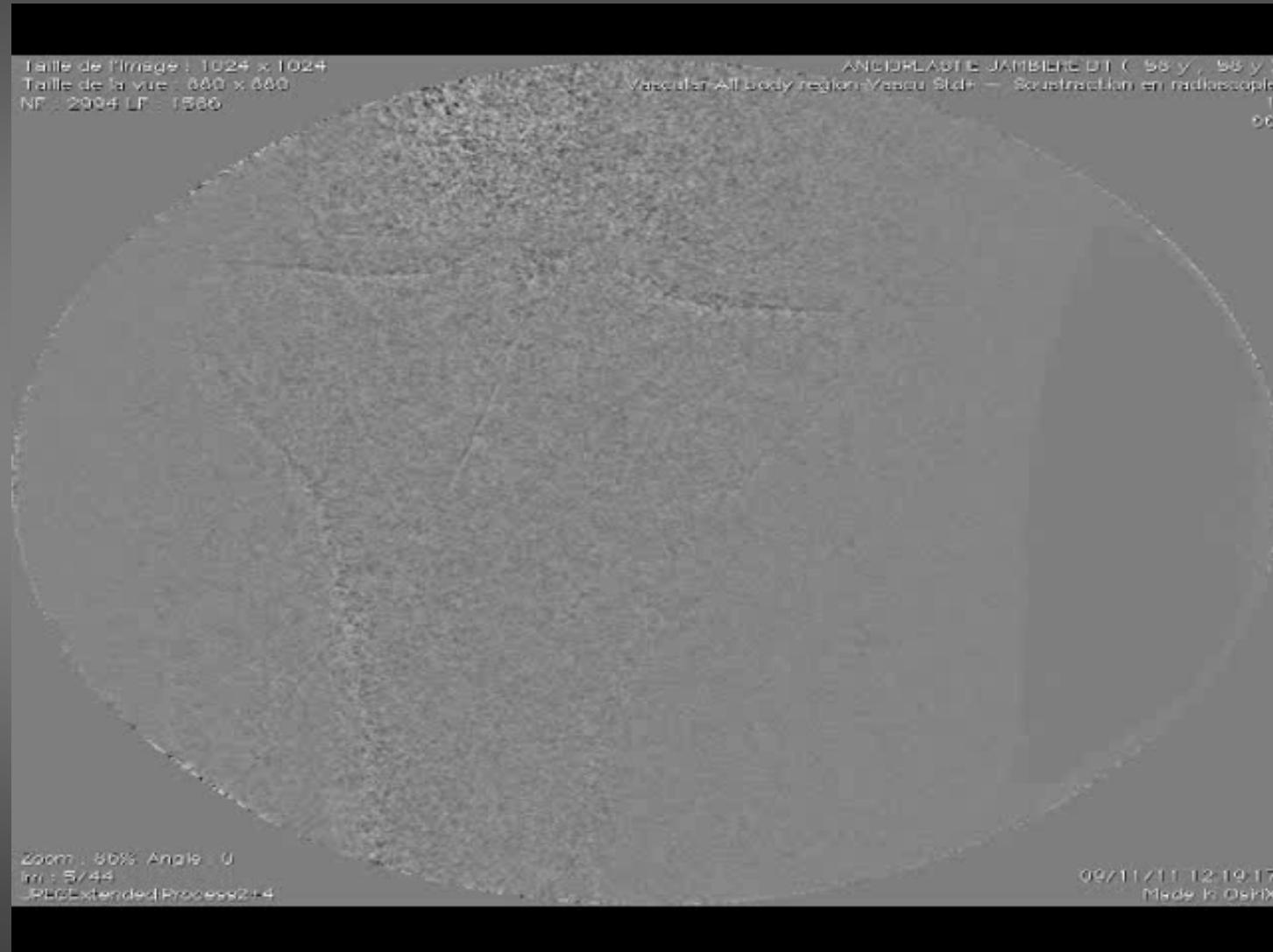


Long stenting

SES: 5x120mm

- The solution:
 - STENTING using SES 5x120 mm

Primary results



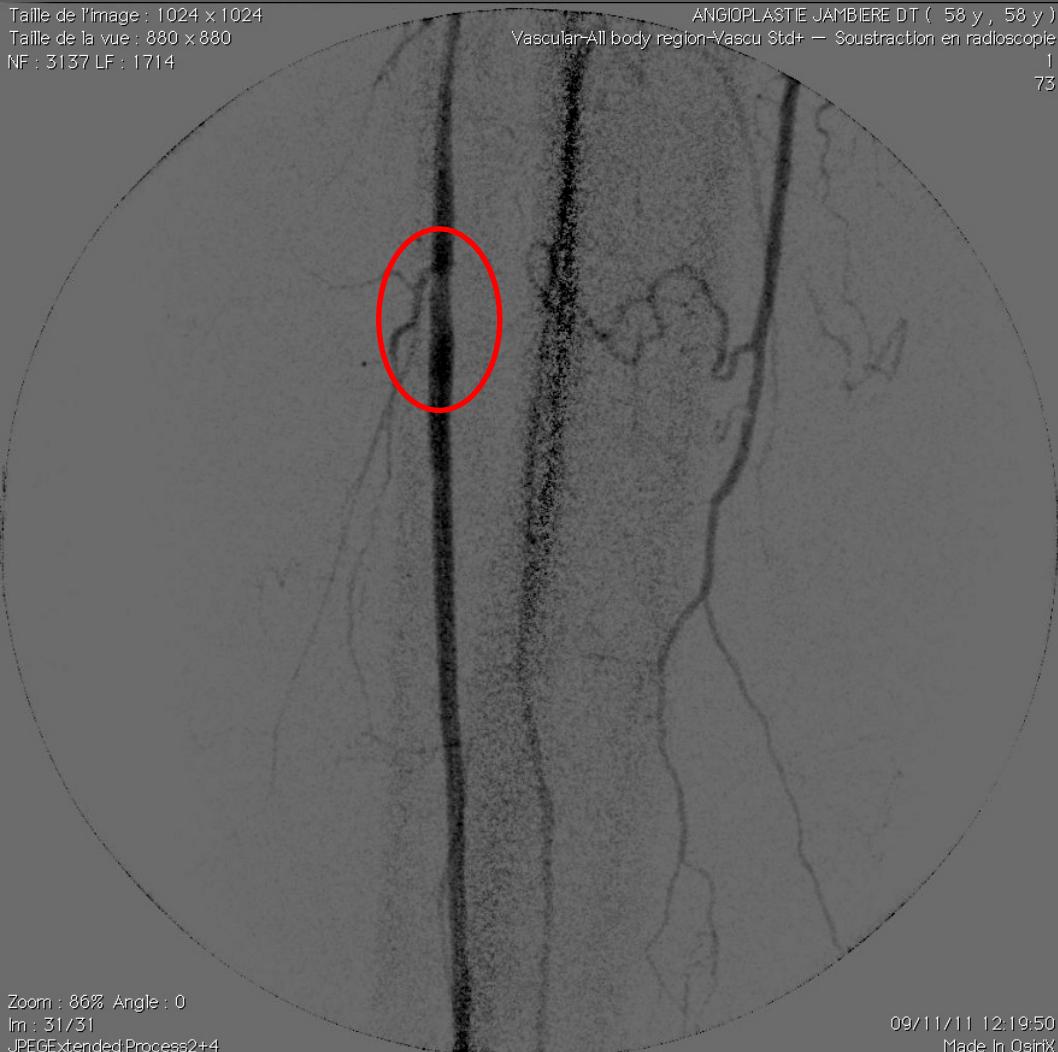
Further lesions on TAA

Balloon 2.5x20mm

Taille de l'image : 1024 x 1024
Taille de la vue : 880 x 880
NF : 2740 LF : 578

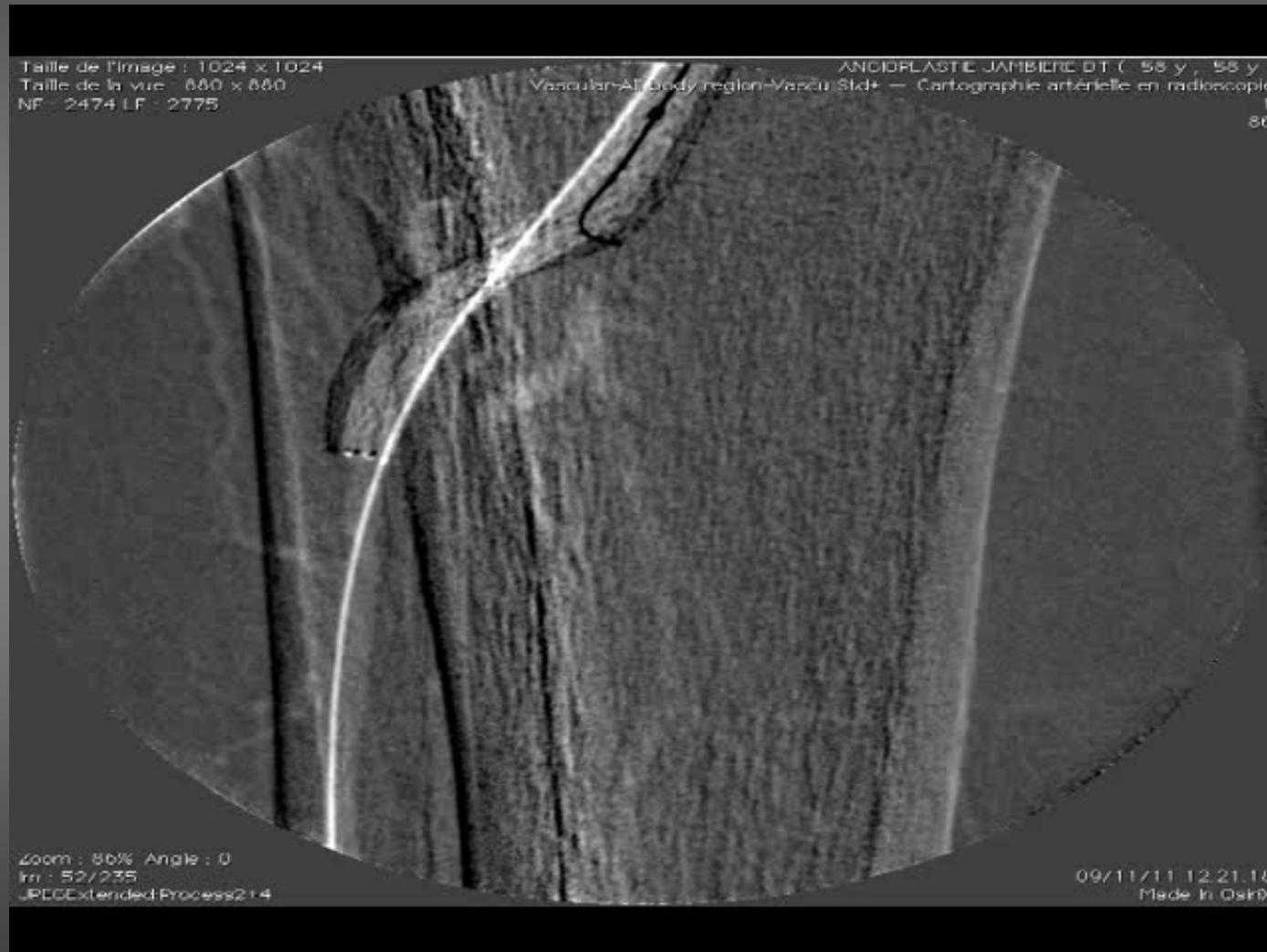
Vascular-All b
Taille de l'image : 1024 x 1024
NF : 3137 LF : 1714

ANGIOPLASTIE JAMBIERE DT (58 y , 58 y)
Vascular-All body region-Vascu Std+ — Soustraction en radioscopie
1
73



In stent recanalisation

0.014 wire +
2.5mm balloon



Angioplasty

Taille de l'image : 1024 x 1024

Taille de la vue : 880 x 880

NF : 2899 LF : 6059

ANGIOPLASTIE JAMBIERE DT (58 y , 58 y)

Vascular>All body region=Vascu Std+ — Cartographie artérielle en radioscopie

1
87



Zoom : 86% Angle : 0
Im : 89/142
JPEGExtendedProcess2+4

09/11/11 12:21:37
Made In OsiriX

Result – remaining lesion



Taille de l'image : 1024 x 1024
Taille de la vue : 660 x 660
NP : 3008 LF : 1996

ANCIORPLASTIE JAMBIERE DT (- 58 y, - 58 y)
Vasculaire-Art. tibio-péronière-Vascul. Sida = Soustraction en radioscopie
1
89

09/11/11 12:21:58
Made in OsPIX

Zoom : 86% Angle : 0
Im : 5/10
JPEGExtendedProcess92+4

Additional stent

BES
3x10mm



Taille de l'image : 1024 x 1024

Taille de la vue : 880 x 880

NF : 2599 LF : 5753

Vascular>All body region\Vascu



Zoom : 86% Angle : 0

Im : 157/157

JPEGExtendedProcess2+4

Taille de l'image : 1024 x 1024

Taille de la vue : 880 x 880

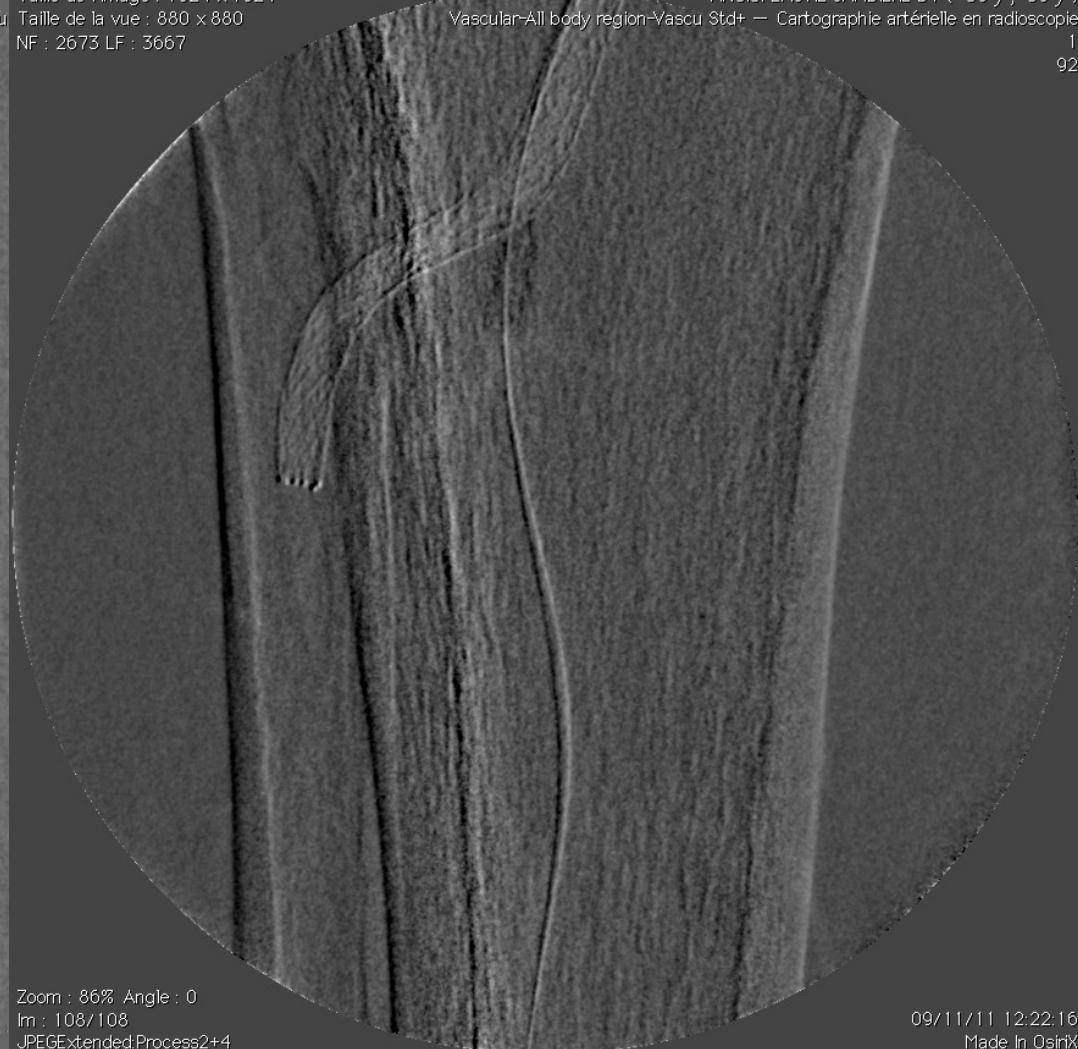
NF : 2673 LF : 3667

ANGIOPLASTIE JAMBIERE DT (58 y , 58 y)

Vascular>All body region\Vascu Std+ — Cartographie artérielle en radioscopie

1

92



Zoom : 86% Angle : 0

Im : 108/108

JPEGExtendedProcess2+4

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Made In OsiriX

Final result



Clinical follow-up at day 6



Clinical FU at 3 weeks



Clinical FU at 4 months

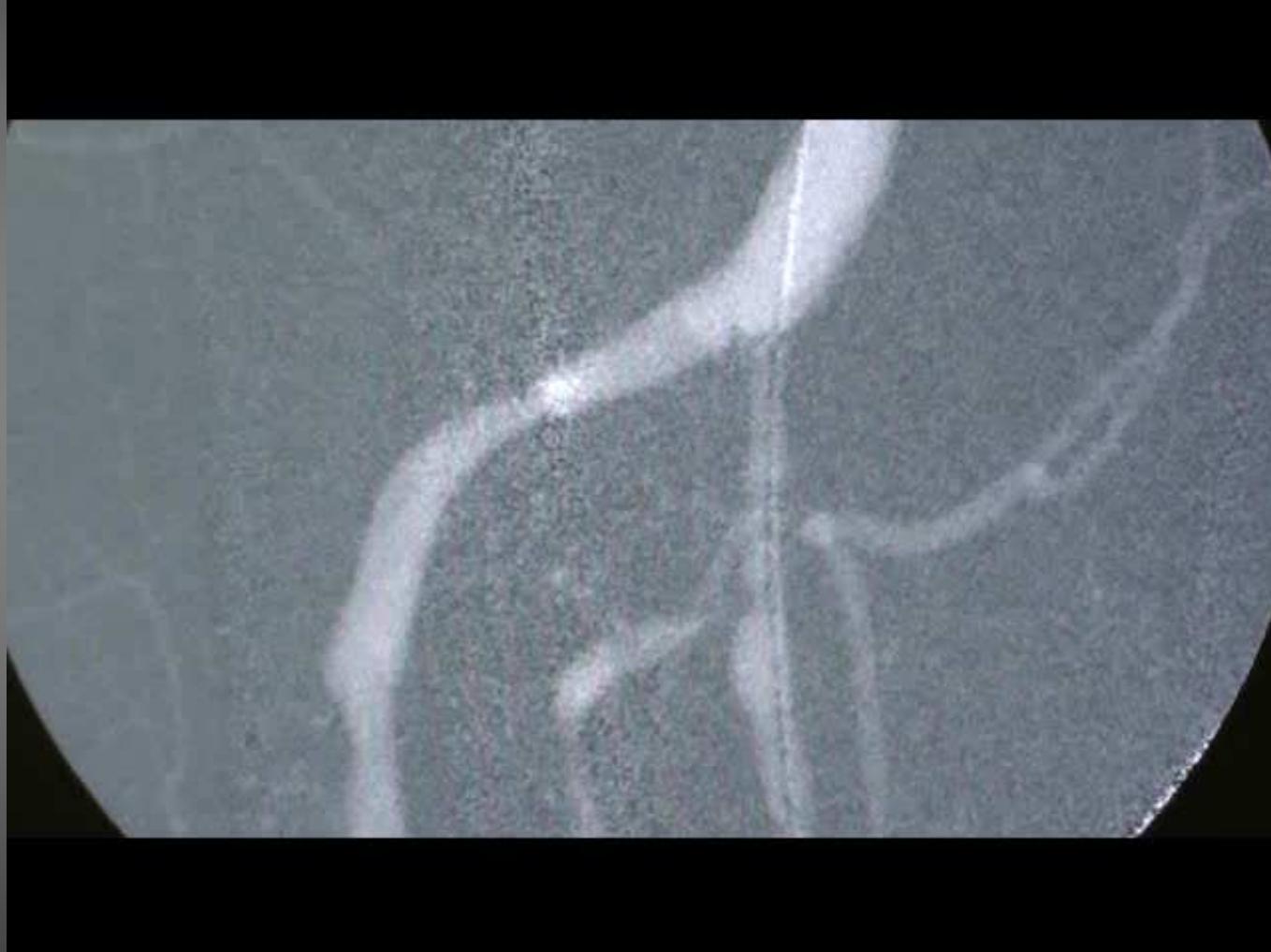


Stenting SUPPORT

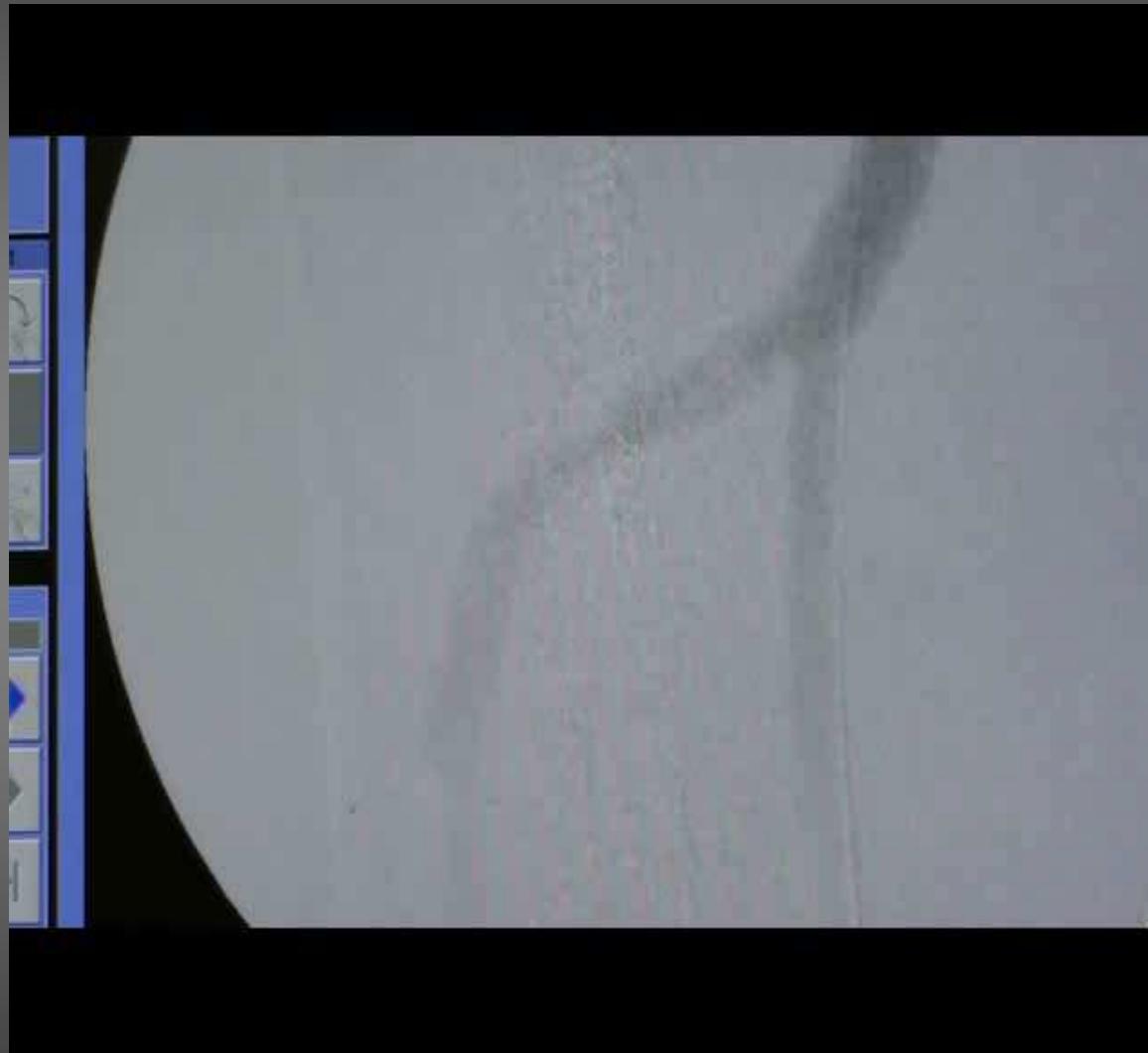


Stenting Angioplasty

DEB
3 mm – 20 mm



Final control



Clinical FU at 6 months

- Patient working, no pain, stop of antibiotic medication



Intro 6 Fr 8€97
Intro 4 Fr 88€50
0.018" 46€44
TrailBl. 95€68
4X120 173€42
SES 18" 685€75
2.5X20 173€43
0.014" 46€44
BES 14" 738€50
Intro 4 Fr 88€50
KMP 15€49
0.035" 17€82
0.018" 41€86
DEB 1076€40
TOTAL: 3297€20



CONCLUSION 1

- With a good technique and dedicated material:



CONCLUSION 2

- Most advanced endovascular treatment for peripheral lesions is efficient

