

Case Summary. We report a novel interventional technique, a three-dimensional guide wire technique(3D-wiring), to improve the initial success rate of EVT for long SFA-CTO lesions. We present one representative case, and describe the technical tips and appropriate device selection criteria for the 3D-wiring procedure.

TCTAP C-228
An Unusual Complication After Fixing Iliac Aneurysm with Stent Graft



Quang Ngoc Nguyen,¹ Than Xuan Le¹
¹Vietnam National Heart Institute-Bach Mai Hospital, Vietnam

[CLINICAL INFORMATION]

Patient initials or identifier number. Mr C.L.

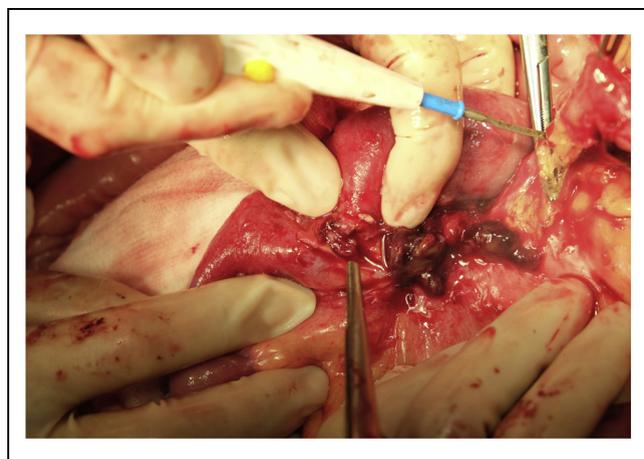
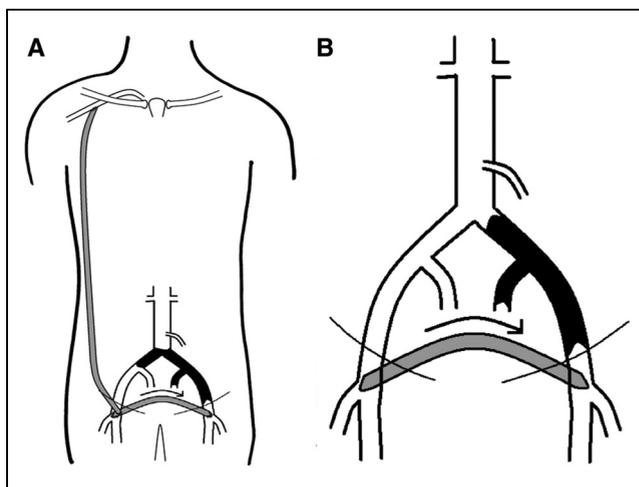
Relevant clinical history and physical exam. Mr C.L. 75 years-old, admitted to my hospital due to recurrent bloody diarrhea. Mr DINH has history of uncontrolled hypertension, heavily smoking and untreated dyslipidemia. One month ago, he had increasing pain in right hypogastric and inguinal area. Aortic MSCT showed the isolated aneurysm of right iliac artery (biggest diameter is 24 mm) but good proximal and landing zone. A cover stent (16-13 x 90 mm) was deployed to fix the aneurysm.

Relevant test results prior to catheterization. The patient admitted to my department several times due to sudden episodes with bloody diarrhea. Each episode last 1 or 2 days and stopped without specific treatment. Endoscopic investigations of all upper and lower digestive tracts showed nothing abnormal. MSCT showed no abnormalities of any visceral artery. The aortic MSCT showed good position of cover stent at right iliac artery without any migration or local endoleak. A small saccular form of penetrating ulcers found at iliac bifurcation.

Relevant catheterization findings. During 3 weeks, patient had 3 recurrent admission due to the same reasons. Aortic MSCT at 3rd admission showed significant enlarged saccular form of penetrating aortic ulcer at iliac bifurcation with many neoangiogenesis and some air bubbles around this area.

[INTERVENTIONAL MANAGEMENT]

Procedural step. A diagnosis of aorta-intestinal fistula suspected and patient was sent to surgeon to fix the lesion. At OT, this unusual diagnosis was confirmed and the previous cover stent and the iliac aneurysm was removed. A femoral-femoral bypass and axillary-femoral bypass used to restore the lower limb perfusion and isolate the fistula-related infectious area. Patient recovered well and discharged after 2 weeks. Discharged prescription had aspirin, intensive statin, and combination of anti hypertensive medications. Follow-up after 1 and 2 months is OK; patient had no more episodes of bloody diarrhea.



Case Summary. Aorta-intestinal fistula could result from progressive saccular penetrating ulcer. This progression could happen due to stiff cover stent at ostium of iliac artery. In future isolated aneurysm should be fixed by total EVAR procedure rather than isolated procedure at local aneurysm to avoid late complications.

TCTAP C-229
Lower Limb Percutaneous Salvage in Acute Femoral Superficial Artery Occlusion Associate with Chronic Below-the-Knee All Three Arteries Occlusions: Combined Anterograde and Retrograde Approaches



Farhat Fouladvand,¹ Sashko Zhezhovski,² Dimitar Mizov²
¹Hospitaller Order of Saint John of God, Italy; ²Bulgarian Cardiac Institute, Bulgaria

[CLINICAL INFORMATION]

Patient initials or identifier number. ISK 4501120562

Relevant clinical history and physical exam. We present a 71 year-old man, known for diabetes, hypertension, dyslipidaemia and heavy smoker, suffering from bilateral claudication from several years but without