

## Successful PVI of CTO-SFA

### CASE HISTORY

An 83-year-old woman with a history of peripheral artery disease (PAD), hypertension, dyslipidemia, paroxysmal atrial fibrillation, and diabetes was referred for evaluation of bilateral lifestyle-limiting claudication, with the left lower extremity more severe than the right. Peripheral angiogram showed bilateral superficial femoral arteries (SFA) chronic total occlusion (CTO) at the level of prior stents. We decided to proceed with intervention of the left SFA CTO.



Baseline angiography of the SFA CTO

### PROCEDURE

Right femoral access was obtained. The angiography of the left lower limb showed a 100% chronic total occlusion (CTO) of the proximal SFA, with reconstitution at the previously implanted stent in the distal SFA at the adductor canal level. The 5Fr sheath used for angiography was exchanged for a 6Fr 45 cm sheath, with the tip of the sheath at the level of the left common femoral artery. Using a 0.035 stiff angled Glidewire® and a Spex LP™ support catheter, we crossed the CTO. The tip of the Spex LP™ catheter was mildly shaped. The wire was then advanced into the popliteal artery.

### PHYSICIAN



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MD, FACC

*"Spex LP™ is a great crossing catheter!"*

Dr. Baydoun is an interventional cardiologist at Cardiac and Vascular Consultants in Lecanto, FL. Dr. Baydoun earned his MD from Lebanese University in Beirut. He completed his internal medical residency at Staten Island University Hospital. Thereafter, he completed fellowships in cardiovascular disease and interventional cardiology at Tulane University Medical Center.

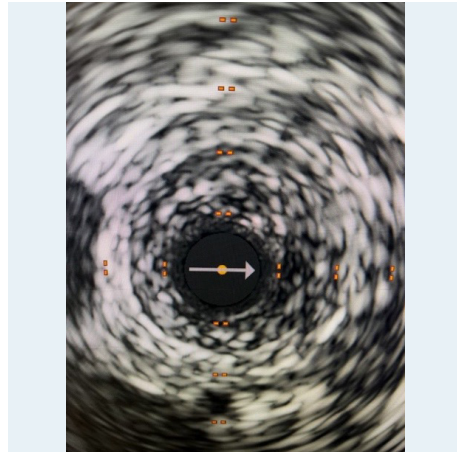
### PRODUCTS USED



## Successful PVI of CTO-SFA



Spex LP and angled Glidewire in distal SFA



IVUS confirmation of true lumen



Final angiography

A small injection of contrast confirmed the intraluminal position of the Spex LP™ catheter. Intravascular ultrasound (IVUS) of the SFA was then performed and confirmed true lumen passage throughout the CTO. IVUS revealed heavy plaque burden across the SFA and 100% occlusion at the site of previous stent, which was under expanded. The distal reference vessel was around 6mm. We then decided to perform atherectomy using a Spectranetics 2.0 laser at 45/45, followed by 60/60, energy. Thereafter, an 0.018" 6.0x240 mm noncompliant Jade PTA balloon catheter was inflated across the lesion at 6 atmospheres (atm) along the SFA and popliteal artery for 2 minutes each. Two LifeStents™ 6.0x150mm were then deployed in an overlapping fashion across the left SFA and popliteal arteries. Post-dilatation of the stents was performed using the 6.0x240 mm Jade balloon (6 atm for 30 seconds). The final angiography showed brisk flow across the SFA and popliteal, with three-vessel runoff below the knee. Residual stenosis was <20%. There were no complications.

## PATIENT FOLLOW UP

The patient returned to the office one week later and felt much better. She reported no longer having lower extremity claudication in her left leg.