Recovery Of Lost Profunda Covered by Subintimal Flap

*Lessons for the Future*

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Brief History

- 72 Year Female Claudicant with history of TEVAR, CABG, DM and COPD
- GFR was 35 mandating discipline in dye use
Angio from Catheter in left External Iliac
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FLUSH SFA OCCLUSION
WITH DISTAL
RECONSTITUTION
RASH ON THE THIGH/KNEE
Single Vessel Peroneal Runoff
Summary

- Ostial SFA CTO with no Calcium to define the origin
- Reconstitution in thigh severely diseased with healthy segment starting in Popliteal
- Single vessel Runoff with AT and PT occluded and very poor flow in Peroneal- Barely visible with DSA
- Chronic Kidney Disease

»Approach??
Expose lower Leg and reduce External Rotation by taping it to other foot
Sterile Prep of the Lower Lateral Leg
Move Camera in *Ipsilateral Oblique View* (LLE- LAO and RLE RAO)
  - *Angle Camera till Tibia and Fibula Space is the widest*
Tibia and Fibula will meet distally and make a Narrow V
Local anesthetic about 4-6 cm above the V angle
Puncture with a 21g Needle keeping it straight So that it is dividing the V in the middle until Assistant announces blood in the needle
Post Peroneal Access

• V18 Control wire and CXI advanced with wire in a knuckle or Loop Fashion to the SFA Ostium, where the knuckle entered the true lumen.

• Wire externalized and PTA performed after reversing the wire direction in a usual fashion
Next Step After This?
Post Stent - Profunda Gone
NOW WHAT??
• Reviewed original Run without DSA to determine precise origin of Profunda in relation to Bones
• Brought a Bernstein Catheter (Vertebral type angle) and positioned in CFA at the presumed origin of Profunda
• Estato 30 gram Wire (Tip like a needle) to make puncture
  – Second puncture successful and wire advanced about 1 cm
  – Removed Bernstein and advanced 0.018 Support cath
  – Exchanged for a softer guidewire and advanced into Profunda
  – Single 5 mm Balloon Inflation
Final Result
Lessons Learned?
Lessons

• In Flush SFA Occlusions, Retrograde approach in invaluable.
• However, Entry point into Common Femoral Artery must be carefully controlled to avoid entry into Common Femoral Artery Above the bifurcation
• If a Dissection noted in CFA after PTA, Stenting should not be done
• Safer approach is to Combine Hybrid Antegrade Retrograde approach
Thank You
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