Endovascular Treatment for BTA
: Beyond the Pedal Arch

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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

■ Consulting
■ Employment in industry
■ Stockholder of a healthcare company
■ Owner of a healthcare company
■ Other(s)

✓ I do not have any potential conflict of interest
Introduction

• Pedal arch (Deep Plantar Arch, Pedal-Plantar Loop)
  - Deeply situated, extending from the 5th metatarsal base to the proximal end of the 1st interosseous space
  - Forms central arterial component of the foot
  - Important role in limb salvage in patients with non-healing ulcers and possible limb loss

• However, pedal arch recanalization is not always successful and sometimes even though pedal arch is patent, it could be inevitable to amputate the forefoot,
  - eg: in case of problem of FF around the toe
Case 1

- M/74

- Diabetic foot in right
  - Big ulcer in 1st toe and 1st web space
  - FF was done by PS and Color change immediately after FF
Case 1
Case 1
Case 2

• F/65

• Diabetic foot in both
  : RC 6 in left 2nd toe
  : Dealyed wound healing after 2nd toe amputation
Case 2
Case 2

- Recanalization – Post. TA
- Pedal Plantar Loop Tech.
Case 2
Case 2
Conclusion

- PTA in metatarsal-digital artery is a technically feasible and safe procedure.
- Conventional angiogram could be helpful rather than CT angiography when it seems that the vascular supply to FF is poor around toes.
- Metatarsal-digital arterial intervention may serve as an alternative way to save the forefoot in case of failure of pedal arch recanalization or even in patent pedal arch.
Thank you for your attention !!
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