



Patient history



Procedure description



Final results



Print  
version

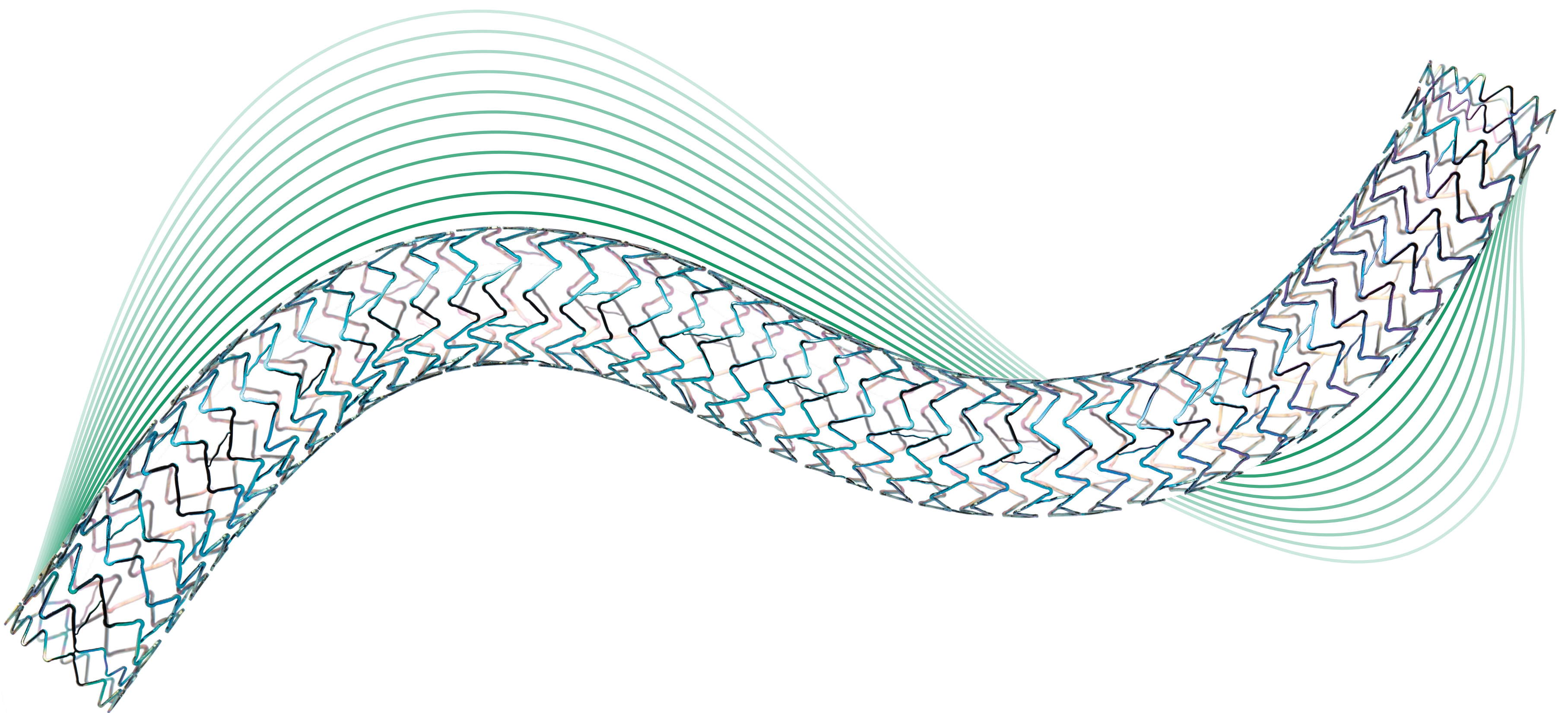
Vascular Intervention // **Peripheral**  
Balloon-Expandable Cobalt Chromium  
Stent System

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# Dynetic<sup>®</sup>-35

## Case Report

A Transradial Access Approach For Treatment  
of a High-Grade Iliac Stenosis



### Author

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# 1. Patient history

A 59-year-old man who was a heavy smoker with severe intermittent claudication (Rutherford Category 3) was admitted to the endovascular unit. Clinical examination revealed a weak left femoral artery pulse, and duplex ultrasound (DUS) demonstrated monophasic flow of the left common femoral artery (CFA).

# 2. Procedure description

The operator chose a right transradial access (TRA) approach, supported by the well-established experience for percutaneous coronary interventions with low rates of bleeding and vascular complications.<sup>1,2</sup> Diagnostic angiography of the iliac arteries confirmed presence of a critical focal lesion involving the left common iliac artery (CIA), with diminished flow associated with a trans-stenotic gradient of 40 mm Hg (Figures 1 and 2). No other distal lesions were present. Access was achieved with a 90 cm, 6F reinforced introducer sheath (Terumo). The lesion was crossed utilizing a V-18 ControlWire (Boston Scientific) in combination with a 6F guiding catheter (Cardinal Health) and pre-dilated with a 5 x 40 mm Sterling balloon (Boston Scientific). The guidewire was exchanged for a 0.035" Hi-Torque Supra Core guidewire (Abbott), before introducing the **Dynetic®-35** balloon-expandable cobalt chromium stent system (stent, 8 x 38 mm; usable catheter length, 170 cm; BIOTRONIK), placing across the lesion, and inflating to 12 atm (Figure 3). The **Dynetic-35** stent had high radial strength despite the thin strut stent design.



Fig. 1

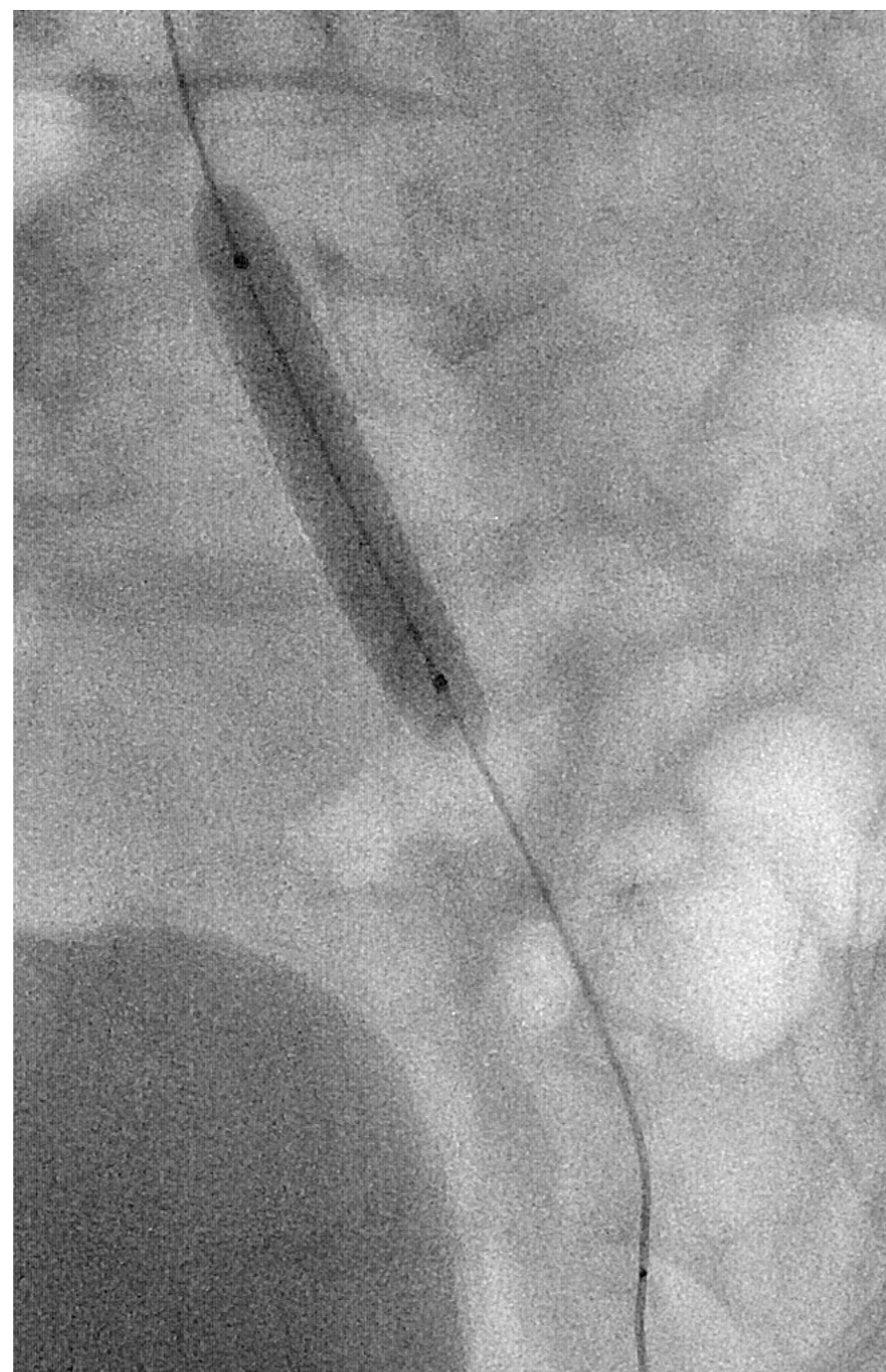


Fig. 3

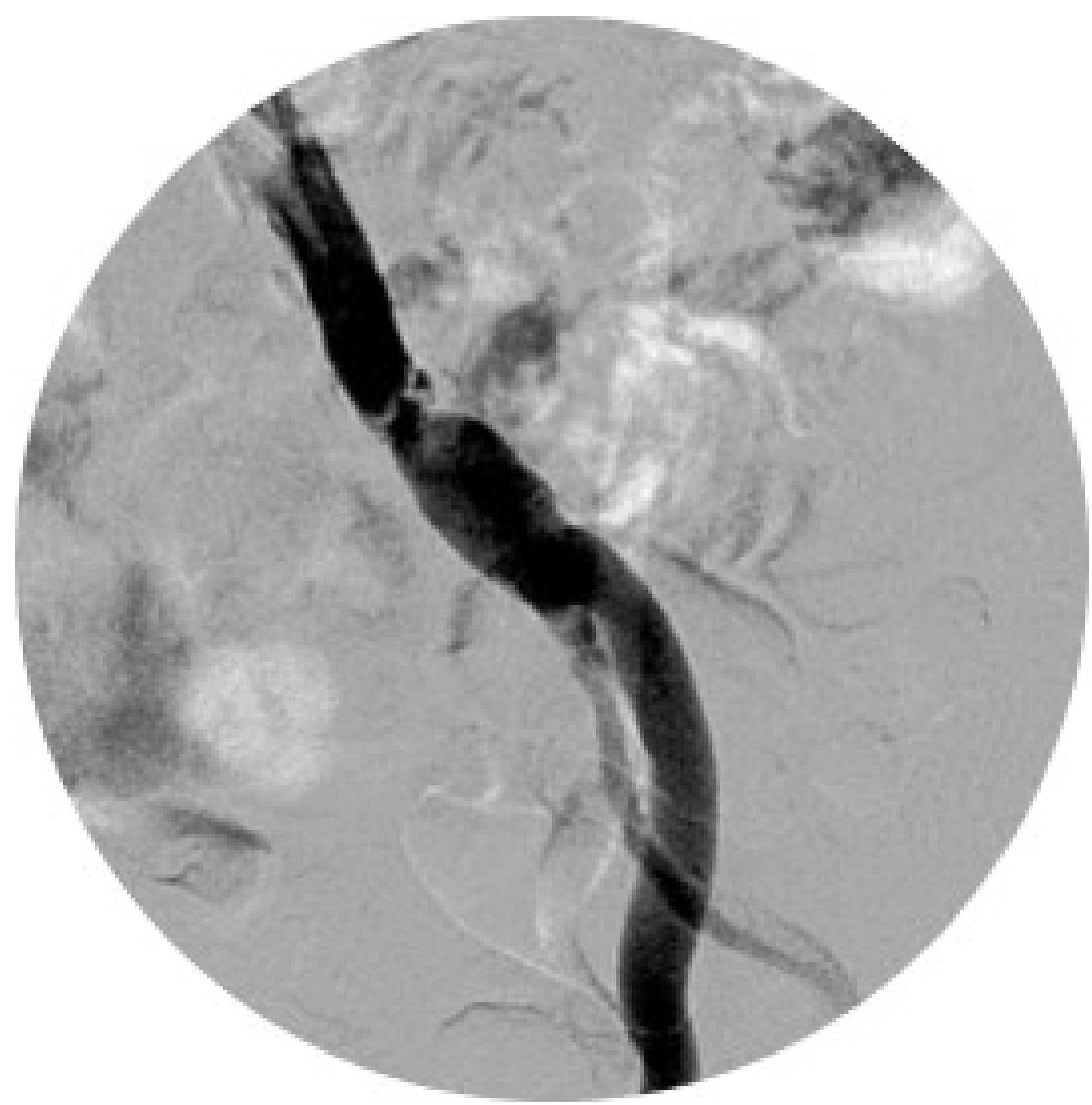


Fig. 2

# 3. Final results and conclusion

The **Dynetic-35** stent implantation with optimal stent expansion (Figure 4) resulted in brisk flow to the CFA (Figure 5). Post-procedural DUS assessment the following day demonstrated triphasic flow in the left CFA, with no resulting vascular or bleeding complications.

At 1-week follow-up, the patient was still complaint free and no adverse side-effects are reported.



Fig. 4

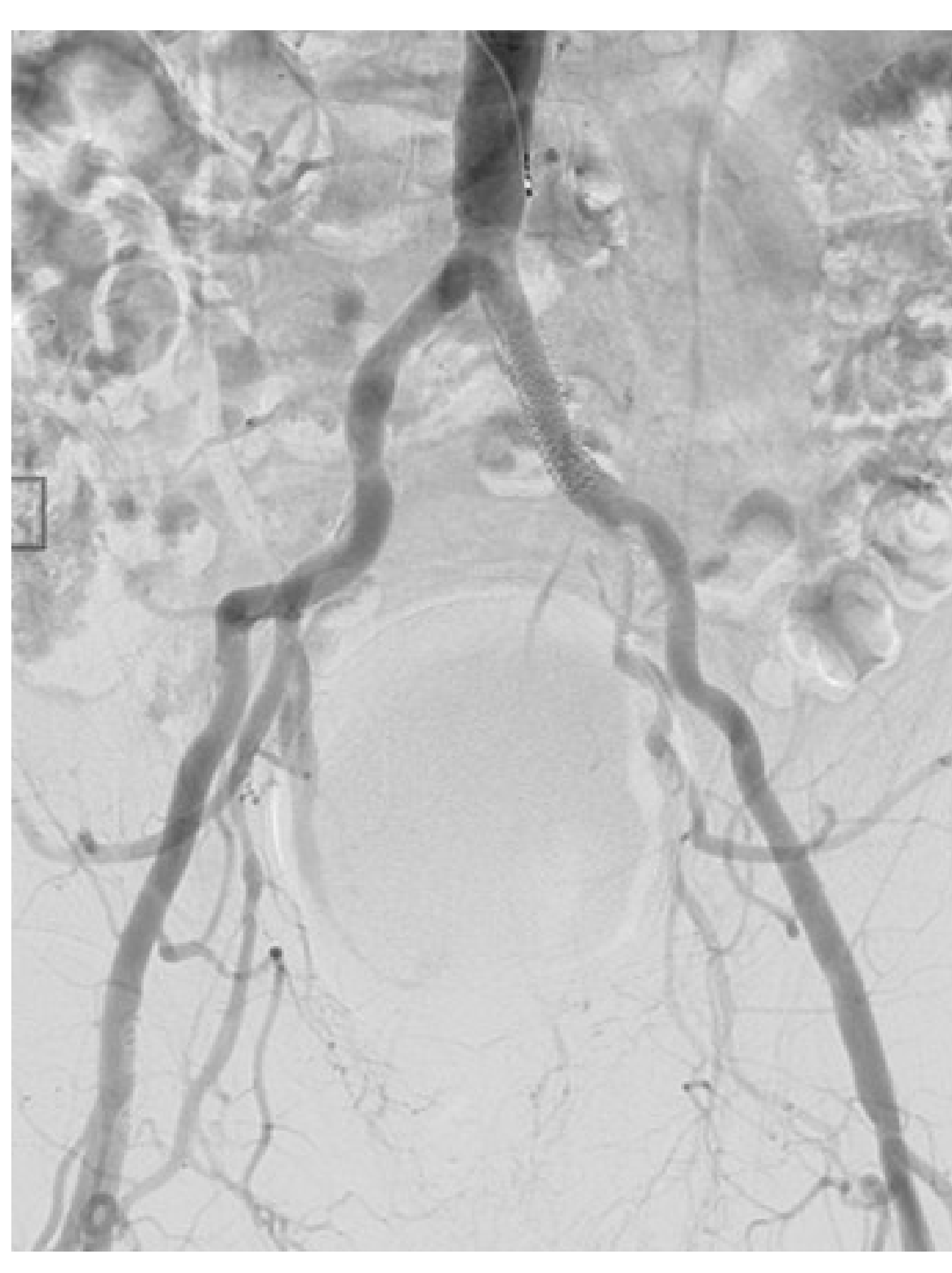


Fig. 5

“In this case, performing an iliac intervention from a transradial access approach was made possible due to the long 170 cm catheter length and delivery profile of the **Dynetic-35** stent. With such an approach, bleeding and vascular complications can be minimized, with subsequent improvements in patient comfort and length of hospital stay.”

- Paolo Sbarzaglia, MD, Head of Endovascular Cardiology Unit, Maria Cecilia Hospital – GVM Care & Research, Cotignola, Italy

1. Romagnoli E et al. Radial versus femoral randomized investigation in ST-segment elevation acute coronary syndrome: the RIFLE-STEACS (Radial Versus Femoral Randomized Investigation in ST-Elevation Acute Coronary Syndrome) study. J Am Coll Cardiol 2012;60(24):2481-2489; 2. Sanghvi K et al. Transradial intervention of iliac and superficial femoral artery disease is feasible. 2008;21:385-387.

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