



VASCUPEDIA

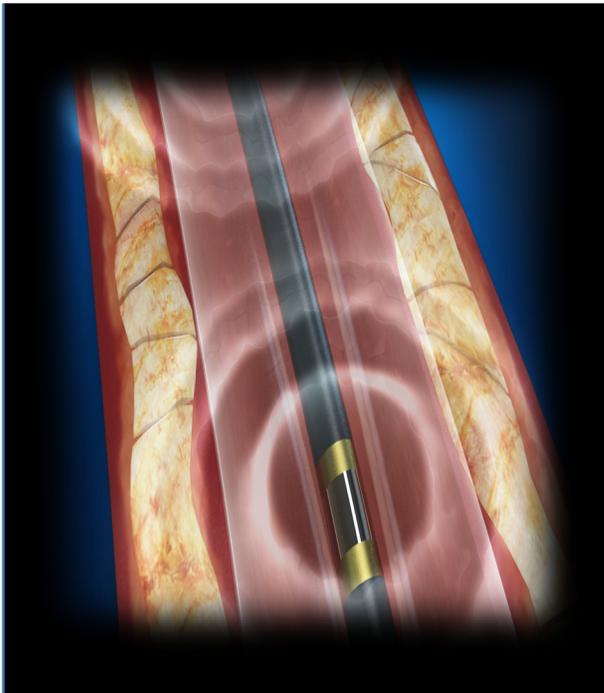
Endovascular lithotripsy and DCB angioplasty for a severely calcified SFA CTO

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Case Presentation

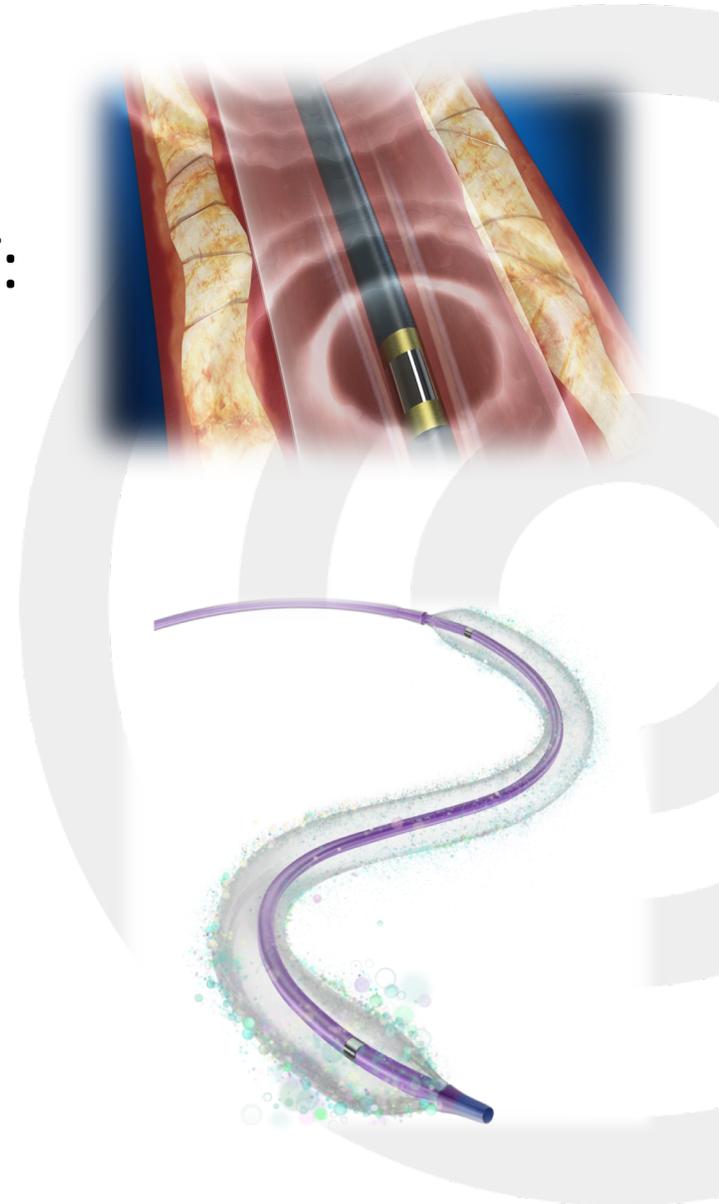
- Male
- 60 yrs. old
- **Comorbidity:** Dyslipidemia, arterial hypertension, diabetes
- **Symptoms:** Ulceration of the left limb
- **DUS:** Distal SFA Occlusion





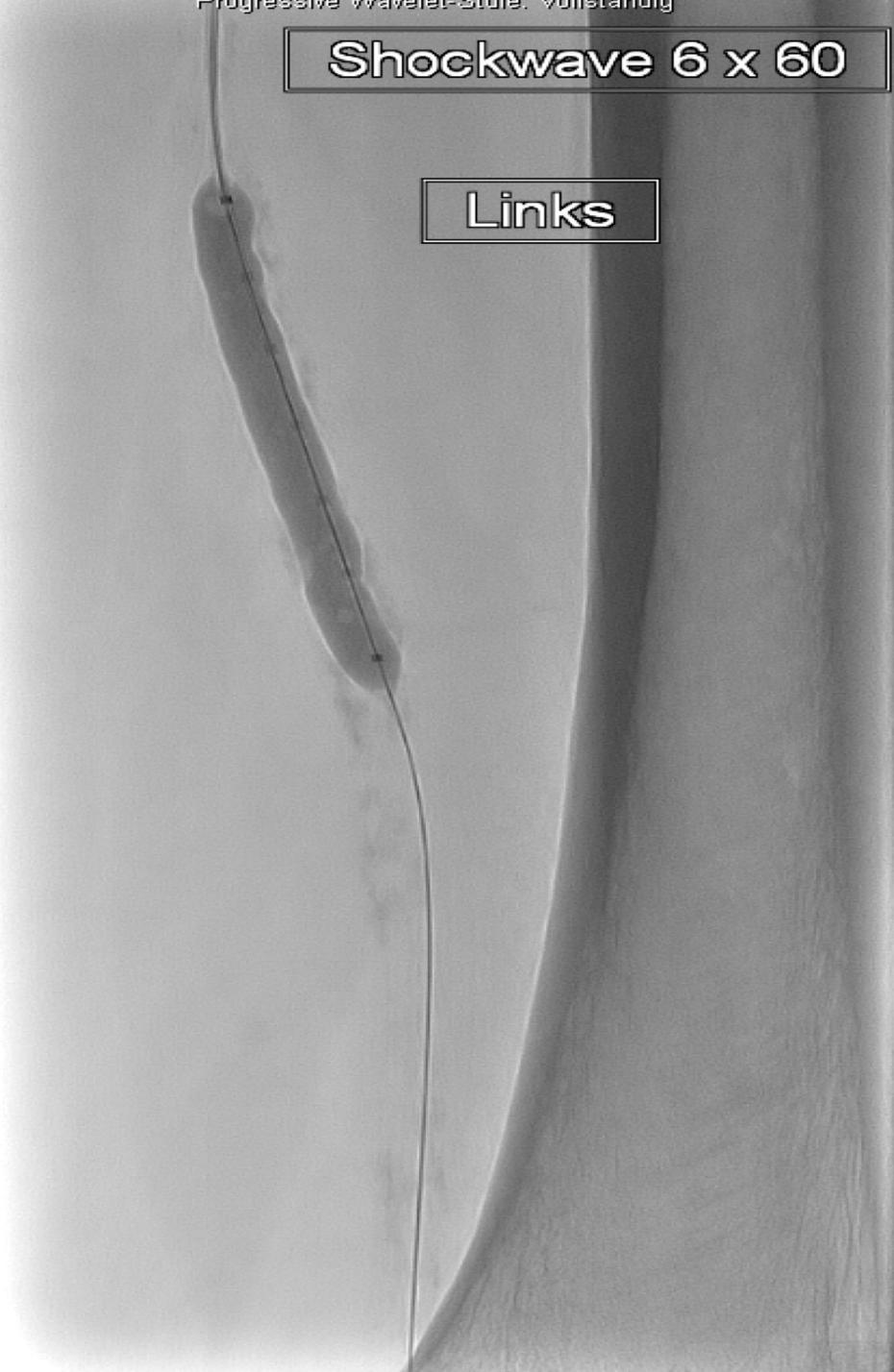
Our strategy

- Primary `leave-nothing-behind` approach because of:
 - I. the age of the patient
 - II. the high mechanical stress of the Hunters canal
- Vessel preparation with endovascular lithotripsy because of the poorer outcomes of DCB angioplasty alone in severely calcified lesions

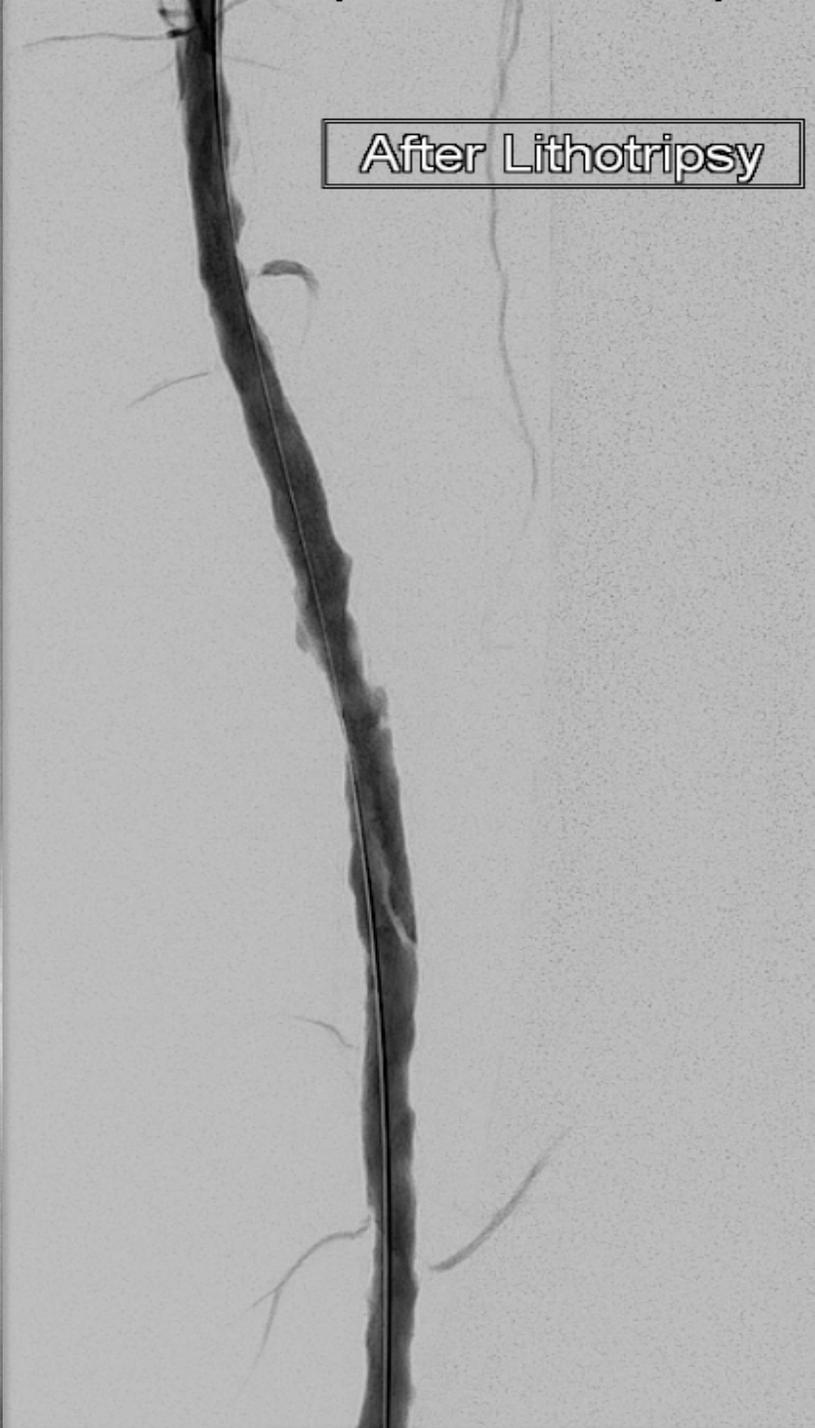


Shockwave 6 x 60

Links



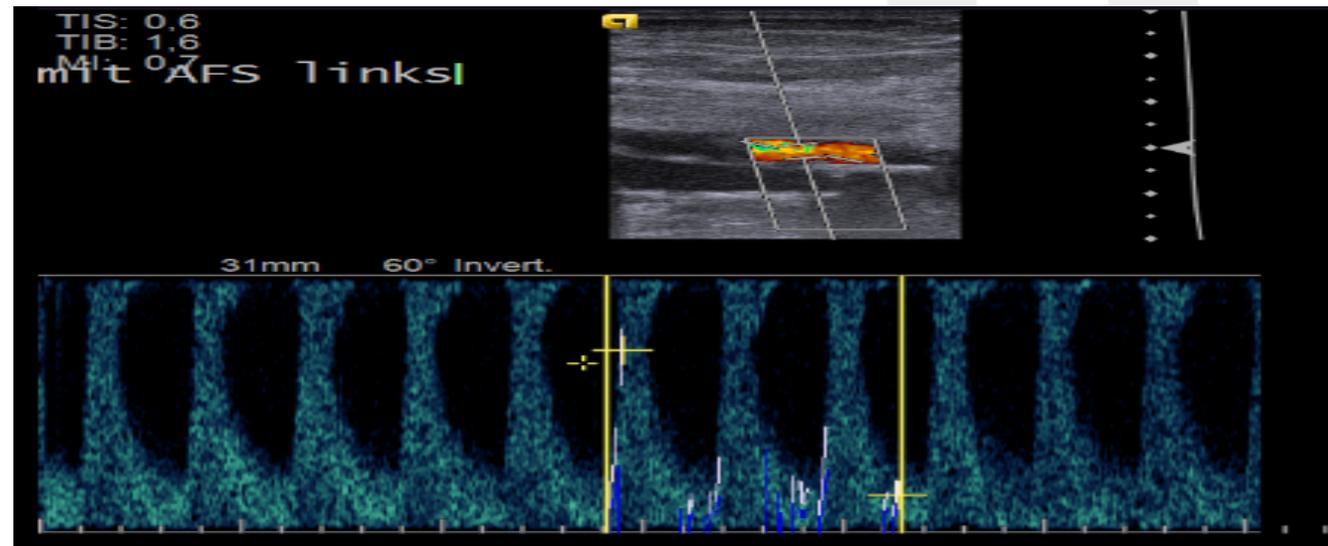
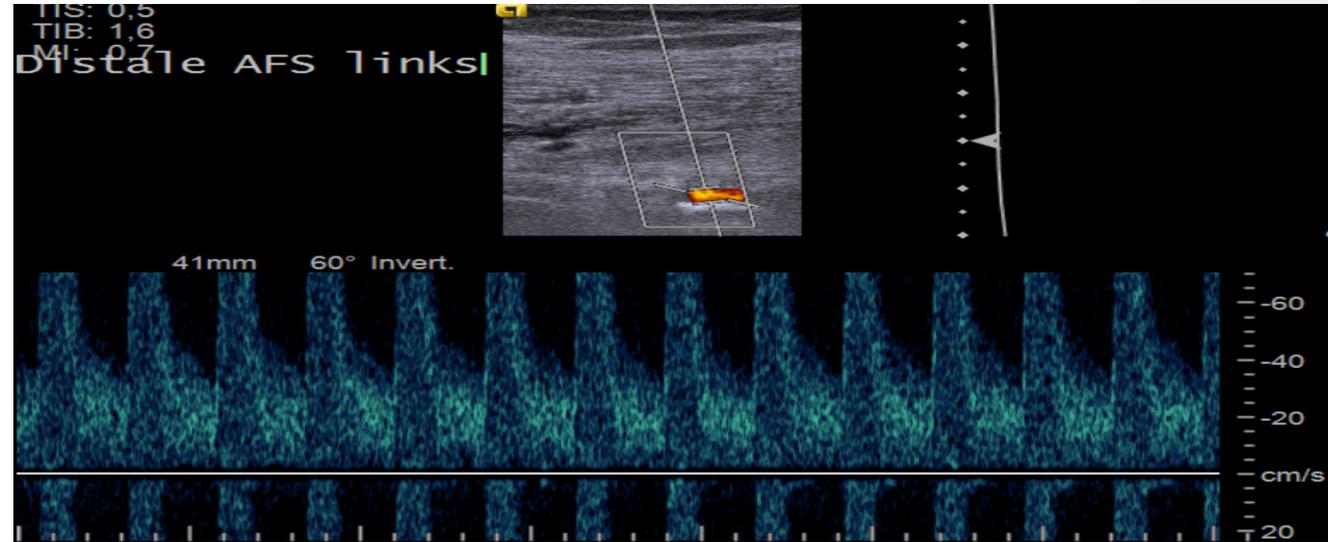
After Lithotripsy



In.Pact 6 x 120 mm



Final result and postprocedural DUS





Questions to Vascupedians

- Would you prefer a different treatment modality?
- Do you agree with a primary leave nothing behind strategy in severely calcified lesions?
- Would you prefer a different vessel preparation modality?
- Based on the final angiography, do you think that a bailout stent deployment would have been necessary?