



VASCUPEDIA

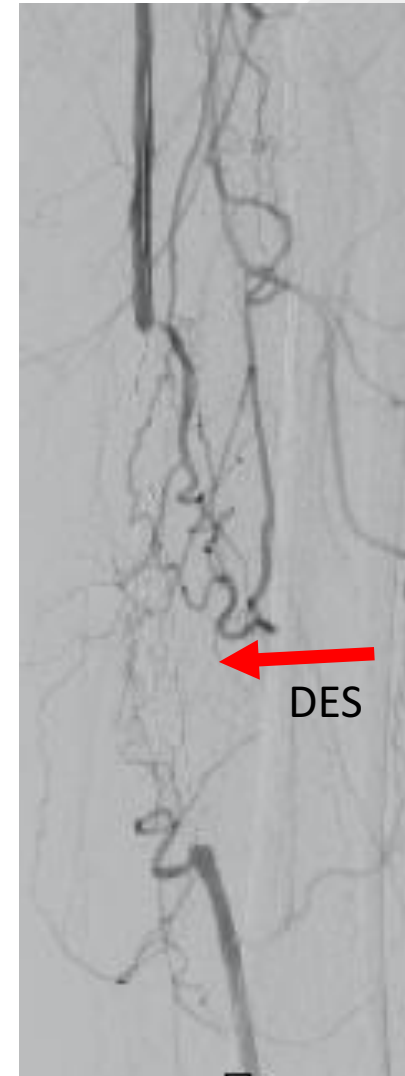
Successful treatment of an occluded drug-eluting stent (DES)

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Case presentation

- 75 y patient
- Claudicatio for ca. 4 months
- Previous placement of a 6x80mm DES in January 2016
- aHT, DM, previous cardiac bypass operation

• Imaging



Recanalisation options

- Subintimal
- Over a support catheter with a 0.035 stiff wire
- Over a support catheter with a 0.018/0.014 wire
- Over a support catheter with a soft wire



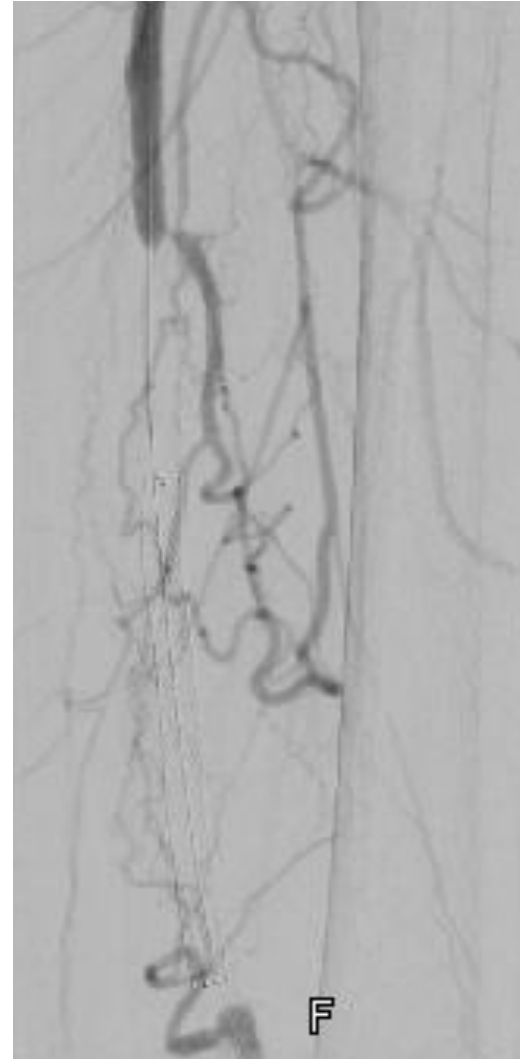
Selected option

- Over a support catheter with a 0.035 hybrid wire (proximal soft tip with stiff shaft (Advantage wire/Terumo))



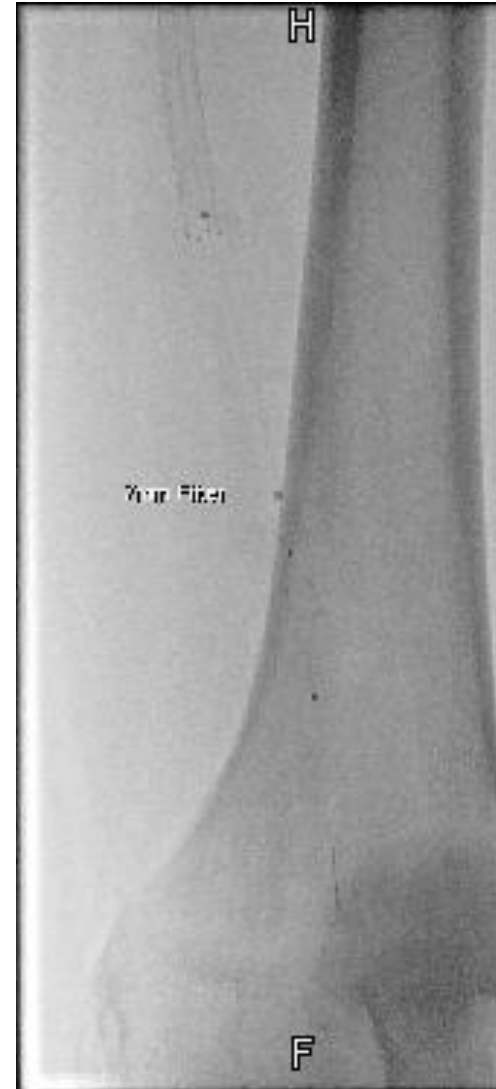
Next step?

- PTA?
- PTA under filter protection?
- Primary stenting?
- Aspiration thrombectomy?



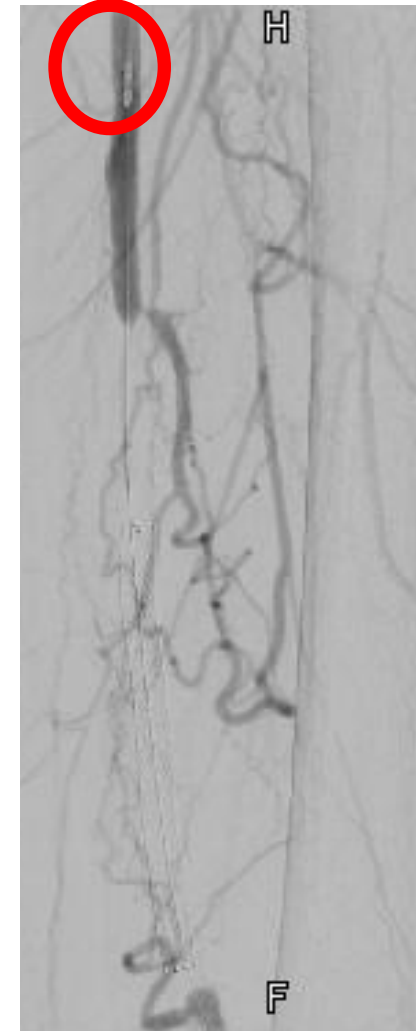
Next step

- Placement of a 7mm Filter over the support catheter



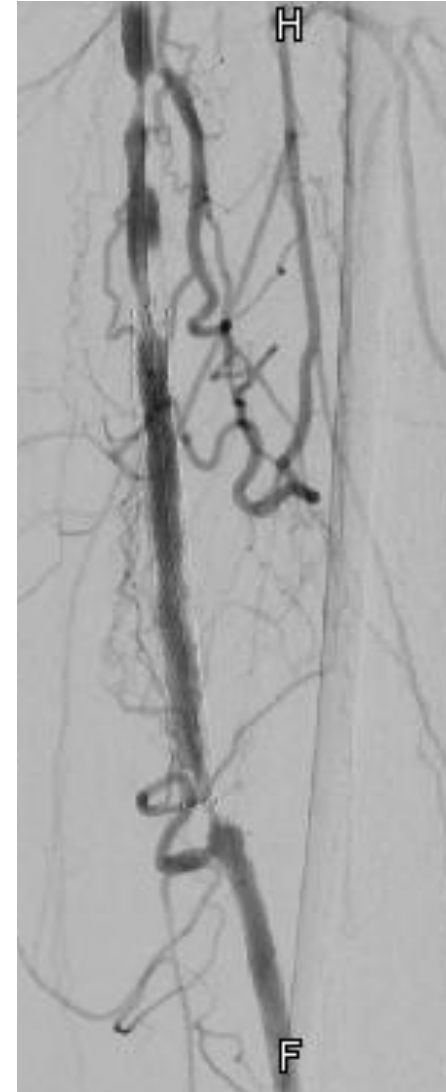
Next step

- Use of the 6F Rotarex thrombectomy system (Straub medical)

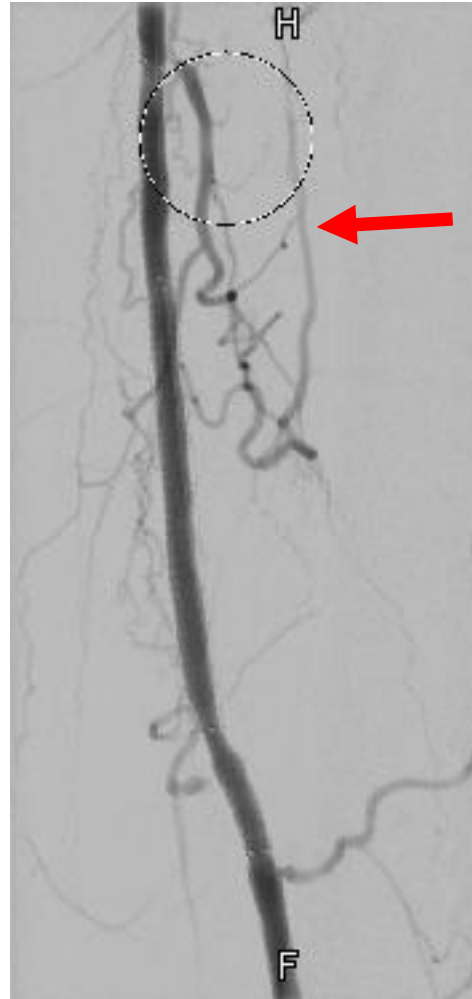


Result after thrombectomy by the Rotarex system

- Next step?
- PTA
- DCB PTA
- Stenting with bare metal device
- Stenting with covered device



Placement of a self-expanding covered stent (Viabahn) 6x150mm and secondary PTA with a 6 mm balloon



Exact placement to ensure also patent collateral pathway

No peripheral embolization



Synopsis

- Protection of the peripheral perfusion with a filter system
- Relative easy recanalisation over a support catheter with a history of symptoms of less than 6 months are predictors of occlusion with additional thrombus soft material
- In this case use of catheters with the option of rotation thrombectomy leads to reduction of the thrombus material
- Placement of a covered stent with secondary PTA seems to be a preventive option to avoid peripheral embolization
- Mid-term and long-term results of covered stents for this indication should be evaluated