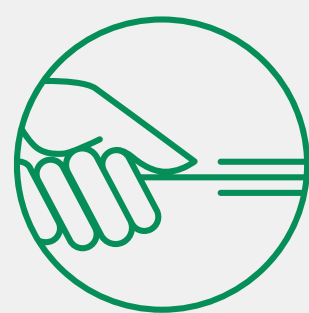




Patient history



Procedure description



Final results



Print
version

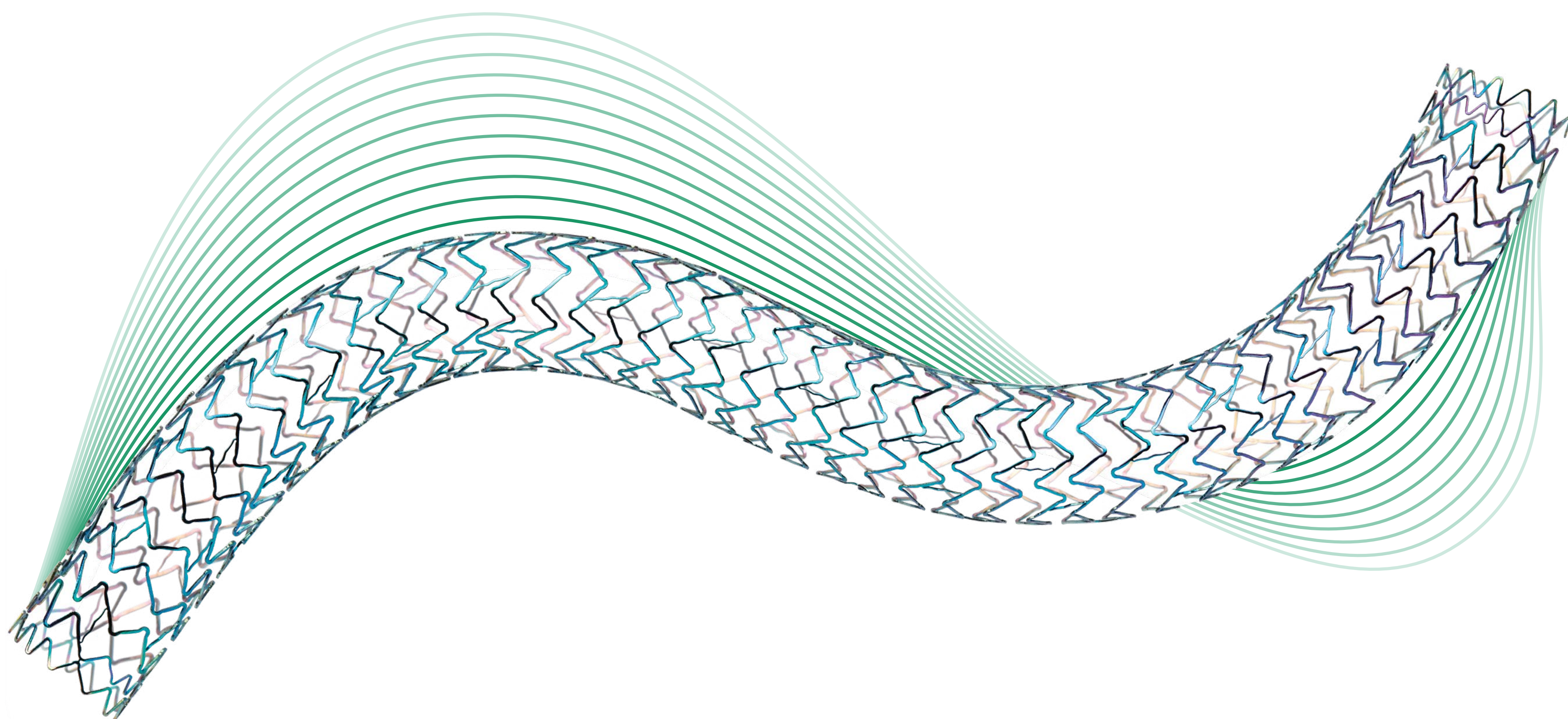
Vascular Intervention // **Peripheral**
Balloon-Expandable Cobalt Chromium
Stent System



Dynetic[®]-35

Case Report

Stenting of a Long Left Common Iliac Artery Occlusion
Via Brachial Access



Author

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1. Patient history

A 55-year-old woman was admitted to the Angiology and Vascular Service department with severe claudication of the left leg; she presented with complaints of pain in her left thigh after walking 10 meters. One year prior, she underwent stenting of the right common iliac artery via a right femoral approach. Her cardiac risk factors included smoking, hypertension and dyslipidemia.

On duplex ultrasound, a long occlusion of the proximal left common iliac artery was diagnosed. CT angiography confirmed the occlusion of the left common iliac artery with rehabilitation of the left common femoral artery (Figure 1). No wounds were present on either extremity.

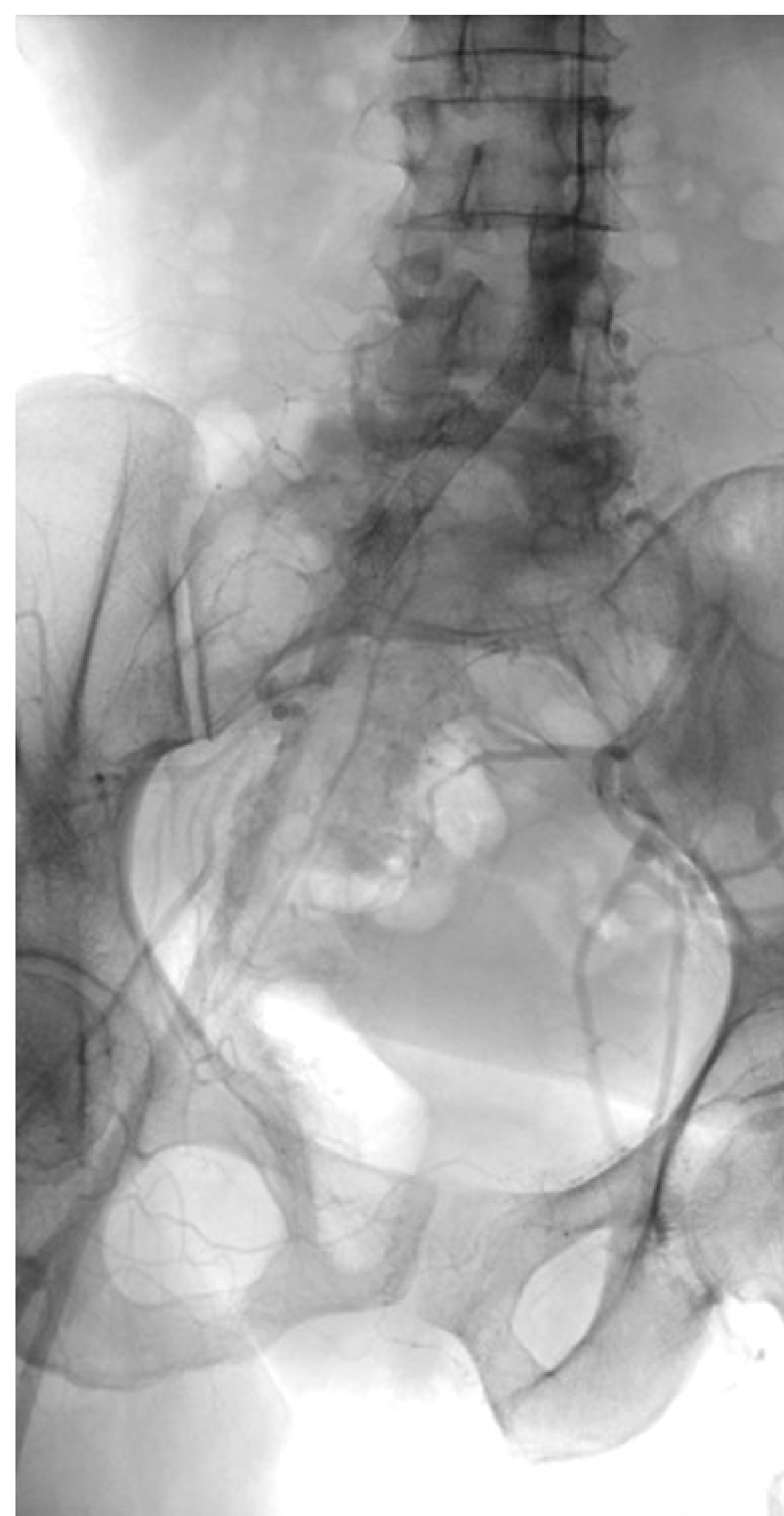


Fig. 1

2. Procedure description

Subsequent therapeutic angiography was performed. For recanalization, a left brachial approach was performed using a C1 Tempo 4 catheter (Cordis) over a 0.035" Glidewire (Terumo) after using a 6F **Fortress**[®] reinforced introducer sheath (BIOTRONIK). An 0.035" guidewire was used to pass the occlusion. Next, lesion preparation was performed with a 6 x 40 mm **Passeo**[®]-35 angioplasty balloon (BIOTRONIK) inflated to 10 atm for 3 minutes over the length of the lesion on the left side. Subsequent angiographic analysis revealed residual stenosis (Figure 2). It was decided to proceed with bailout stent implantation using the new 6F-compatible **Dynetic**[®]-35 balloon-expandable cobalt chromium stent system (7 x 58 mm, 170 cm catheter length, BIOTRONIK). The stent easily tracked to the target lesion and was inflated to 8 atm to achieve full stent expansion.

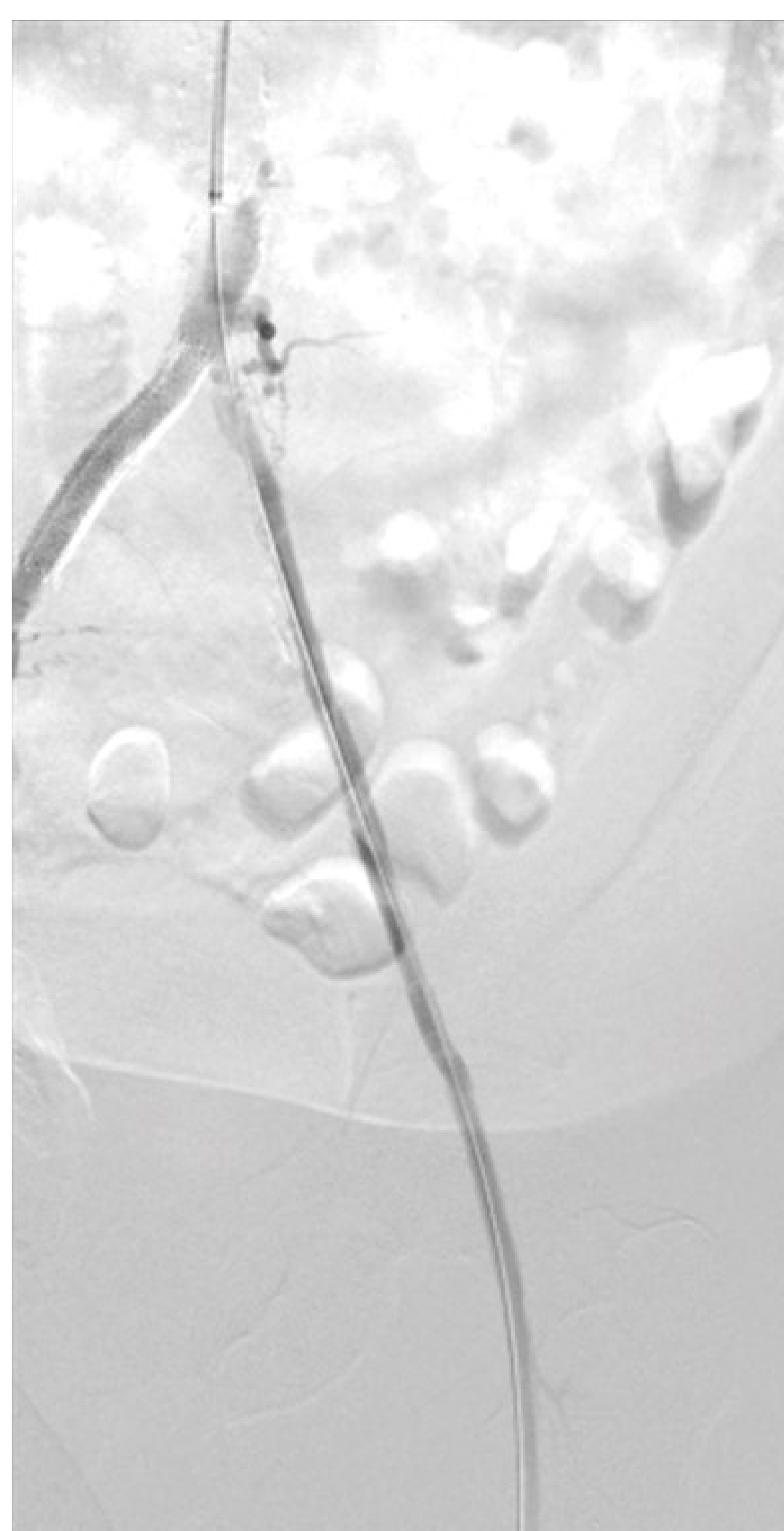


Fig. 2

3. Final results

After implantation of the **Dynetic-35** stent, brisk flow was seen within the full length of the target lesion and there was straight flow to the femoral artery (Figures 3 and 4). Follow-up examination of the patient the next day showed pedal pulse on the left side and a significant improvement in pain-free walking distance with no pain in the target limb.

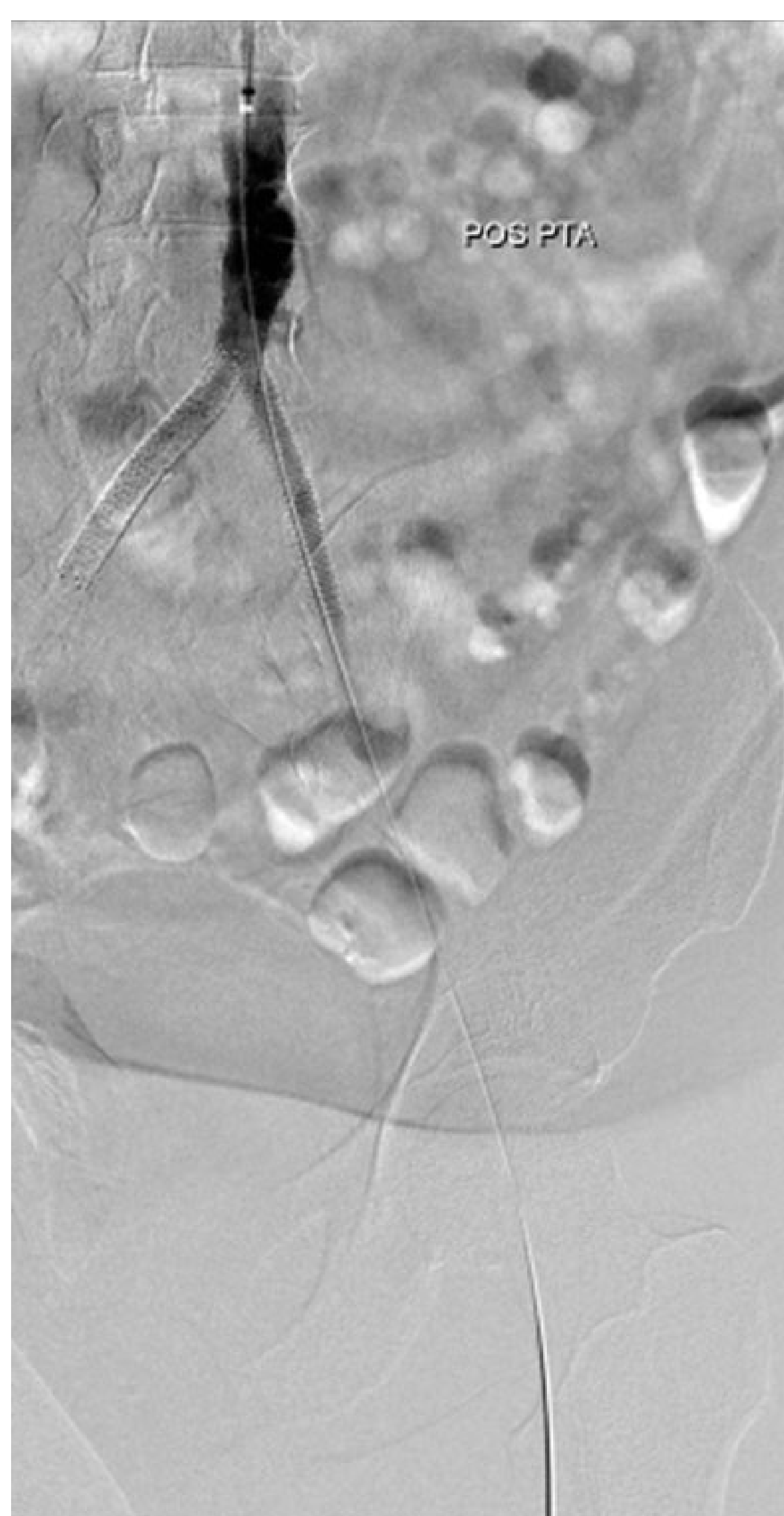


Fig. 3

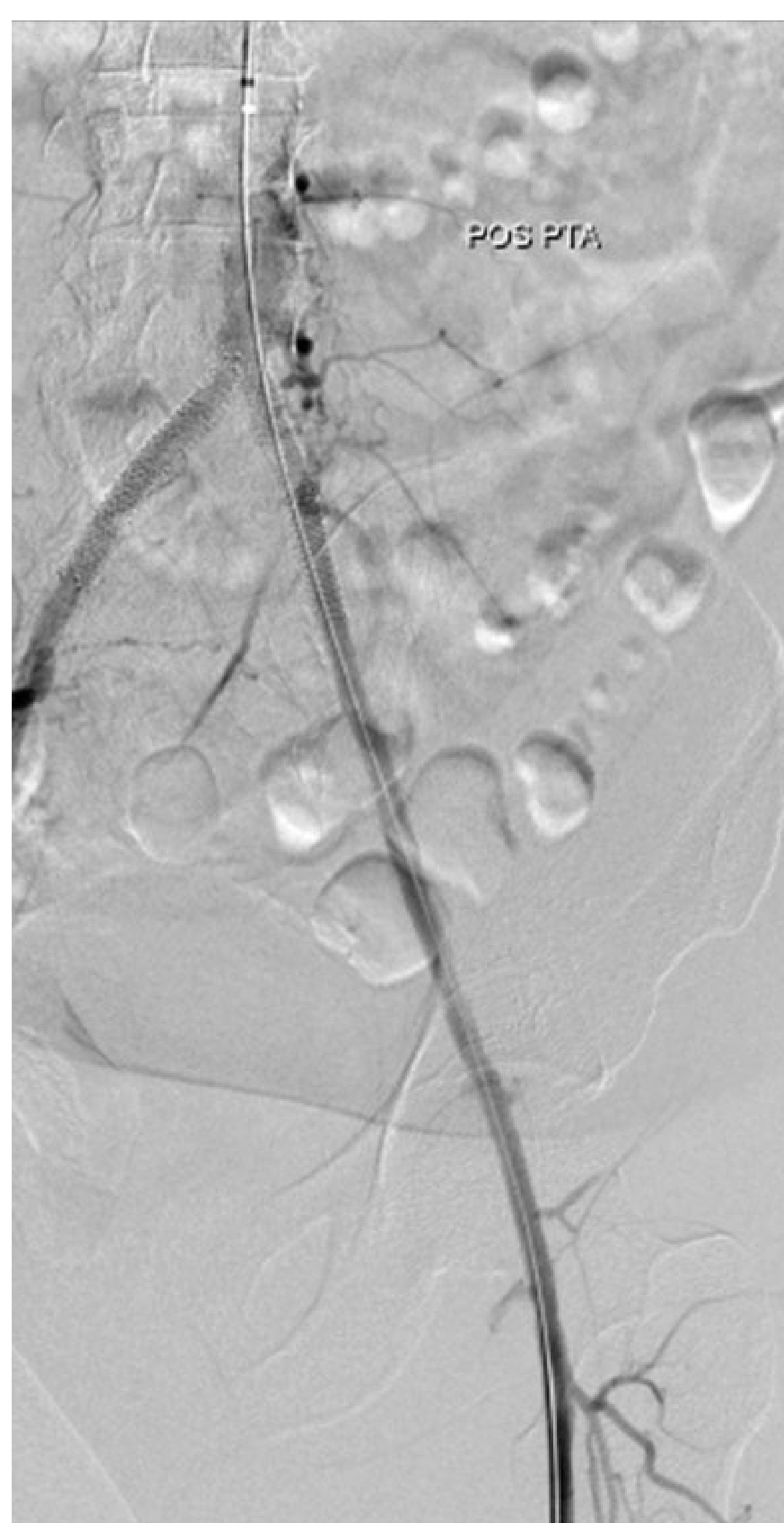


Fig. 4

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