

Left Common Iliac Artery CTO

- 57 YOM: CAD (stent x's 2); HTN; dyslipidemia; 30 pack year smoker; COPD
- Rectal carcinoma August 2011--neo-adjuvant XRT and chemo
 - During this time, left leg pain progressing to buttock claudication
 - December 2011-- tumor resection
 - Now with rest pain

Left Common Iliac Artery CTO

- Physical exam--
 - Right leg--normal pulses
 - Left leg--barely palpable CFA; no distal pulses; cool; normal skin

Age:56 years
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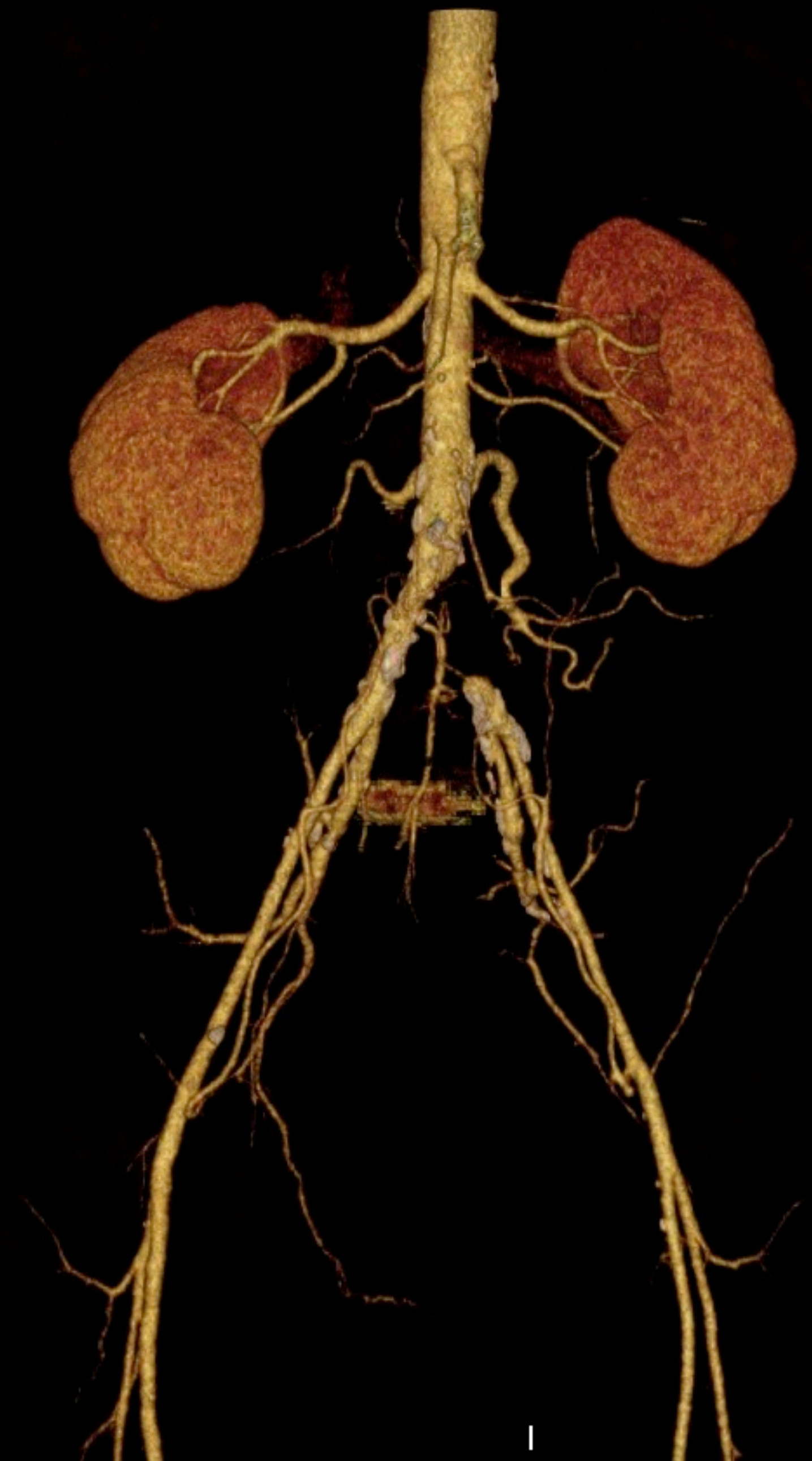
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kVP:120
mA:40
msec:500
mAs:20
Thk:1 mm
Aquilion
Orient: 0°,0°,0°

Vitrea®
W/L:325/270
Segmented



Age:56 years
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kVP:120
mA:40
msec:500
mAs:20
Thk:1 mm
Aquilion
Orient: -3°,9°,-1°

Vitrea®
W/L:325/270
Segmented

Age:56 years
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kVP:120
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mAs:20
Thk:1 mm
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VP:120
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Curved hk:1 mm
Vessel 2 quillion

W/L

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Curved mm
Vessel 1 on

CTA AORTO-ILIOFEM



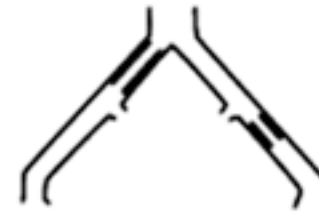
32.9 mm

Left Common Iliac Artery CTO

- Patient refuses exercise therapy
- Due to XRT the vascular surgeon turns to us for primary treatment
- TASC-B Lesion
- Rutherford Category 3-4--depending on how much of the pain is ischemic and how much is neurogenic

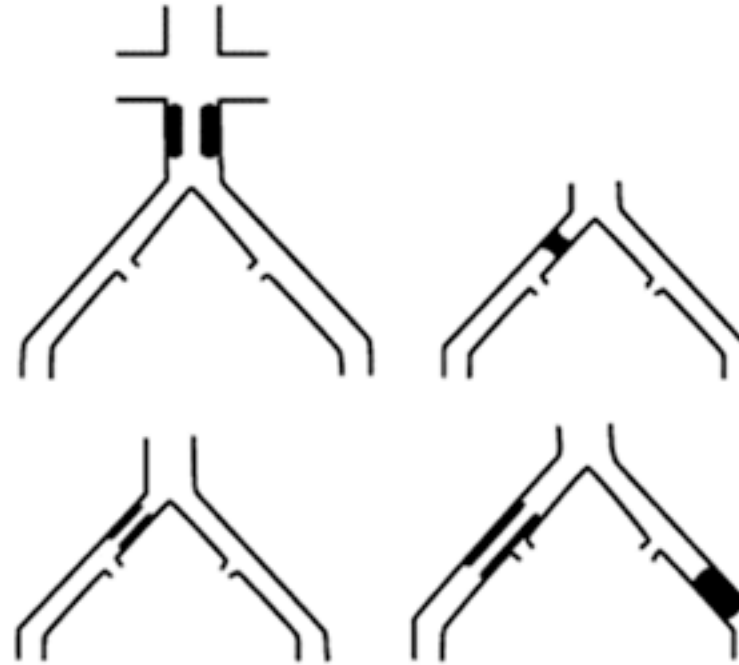
Type A lesions

- Unilateral or bilateral stenoses of CIA
- Unilateral or bilateral single short (≤ 3 cm) stenosis of EIA



Type B lesions:

- Short (≤ 3 cm) stenosis of infrarenal aorta
- Unilateral CIA occlusion
- Single or multiple stenosis totaling 3–10 cm involving the EIA not extending into the CFA
- Unilateral EIA occlusion not involving the origins of internal iliac or CFA



Type C lesions

- Bilateral CIA occlusions
- Bilateral EIA stenoses 3–10 cm long not extending into the CFA
- Unilateral EIA stenosis extending into the CFA
- Unilateral EIA occlusion that involves the origins of internal iliac and/or CFA
- Heavily calcified unilateral EIA occlusion with or without involvement of origins of internal iliac and/or CFA



Type D lesions

- Infra-renal aortoiliac occlusion
- Diffuse disease involving the aorta and both iliac arteries requiring treatment
- Diffuse multiple stenoses involving the unilateral CIA, EIA, and CFA
- Unilateral occlusions of both CIA and EIA
- Bilateral occlusions of EIA
- Iliac stenoses in patients with AAA requiring treatment and not amenable to endograft placement or other lesions requiring open aortic or iliac surgery



Fontaine		Rutherford		
Stage	Clinical	Grade	Category	Clinical
I	Asymptomatic	0	0	Asymptomatic
IIa	Mild claudication	I	1	Mild claudication
IIb	Moderate to severe claudication	I	2	Moderate claudication
		I	3	Severe claudication
III	Ischemic rest pain	II	4	Ischemic rest pain
IV	Ulceration or gangrene	III	5	Minor tissue loss
		III	6	Major tissue loss

Plan

- Bilateral CFA access: diagnostic angio and systemic heparin
- Attempt intraluminal recanalization; plan for subintimal
- Pre-dilate a 4 mm tract
- Place bilateral 25 cm 7 Fr sheathes
- Deploy bilateral iCAST covered stents [8 x 59 mm] kissing balloon



12

right





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15-2



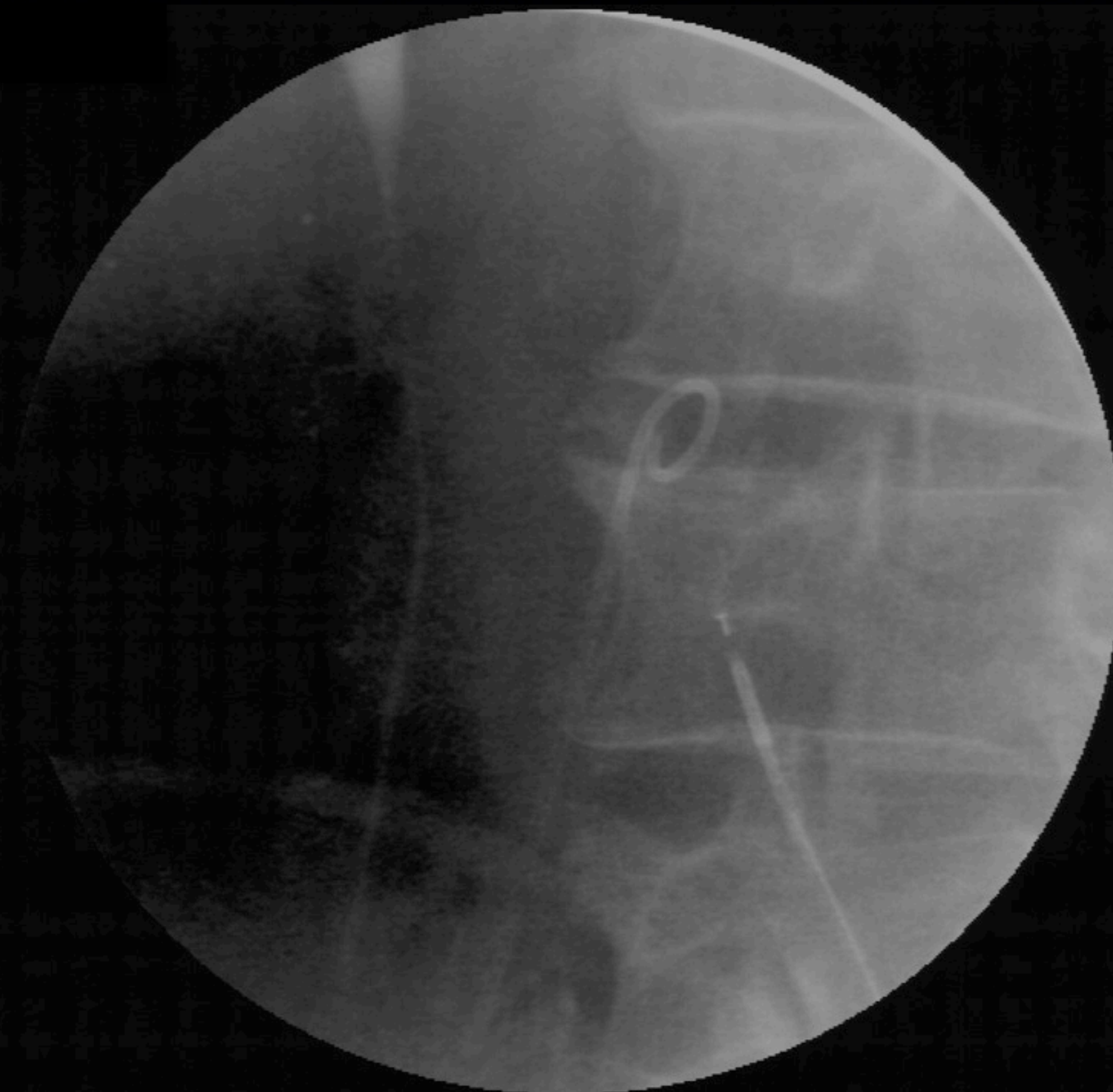
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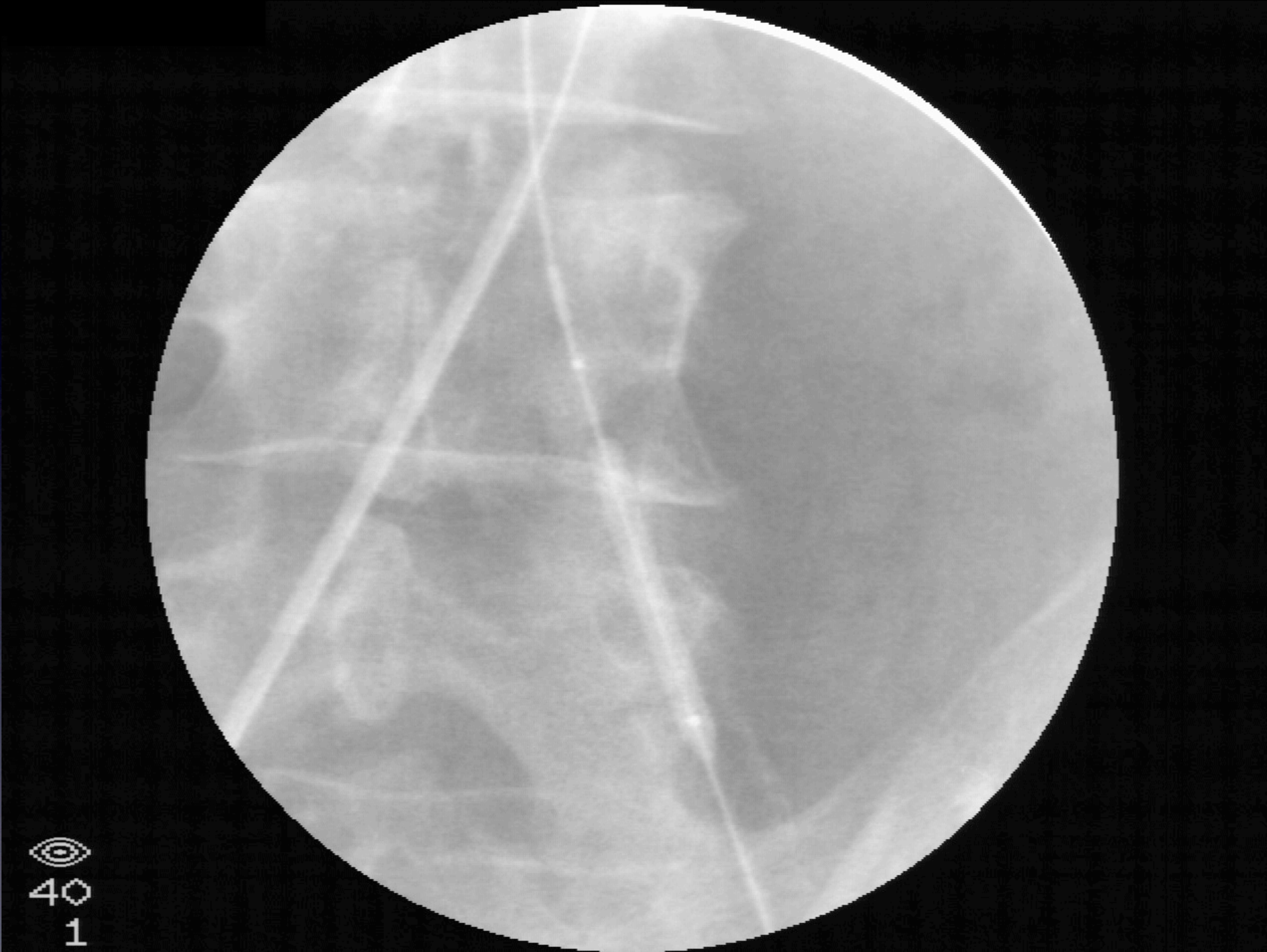
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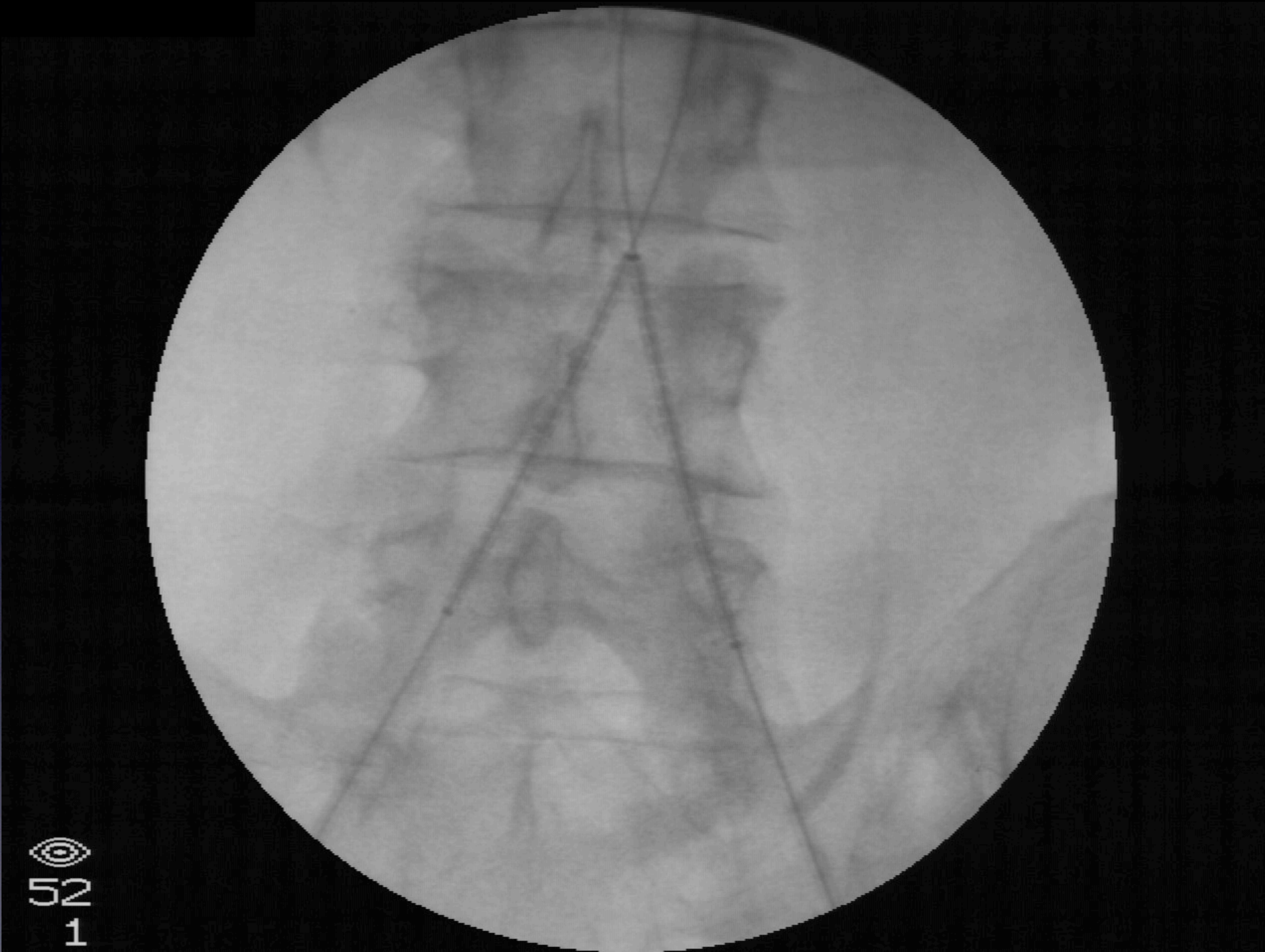
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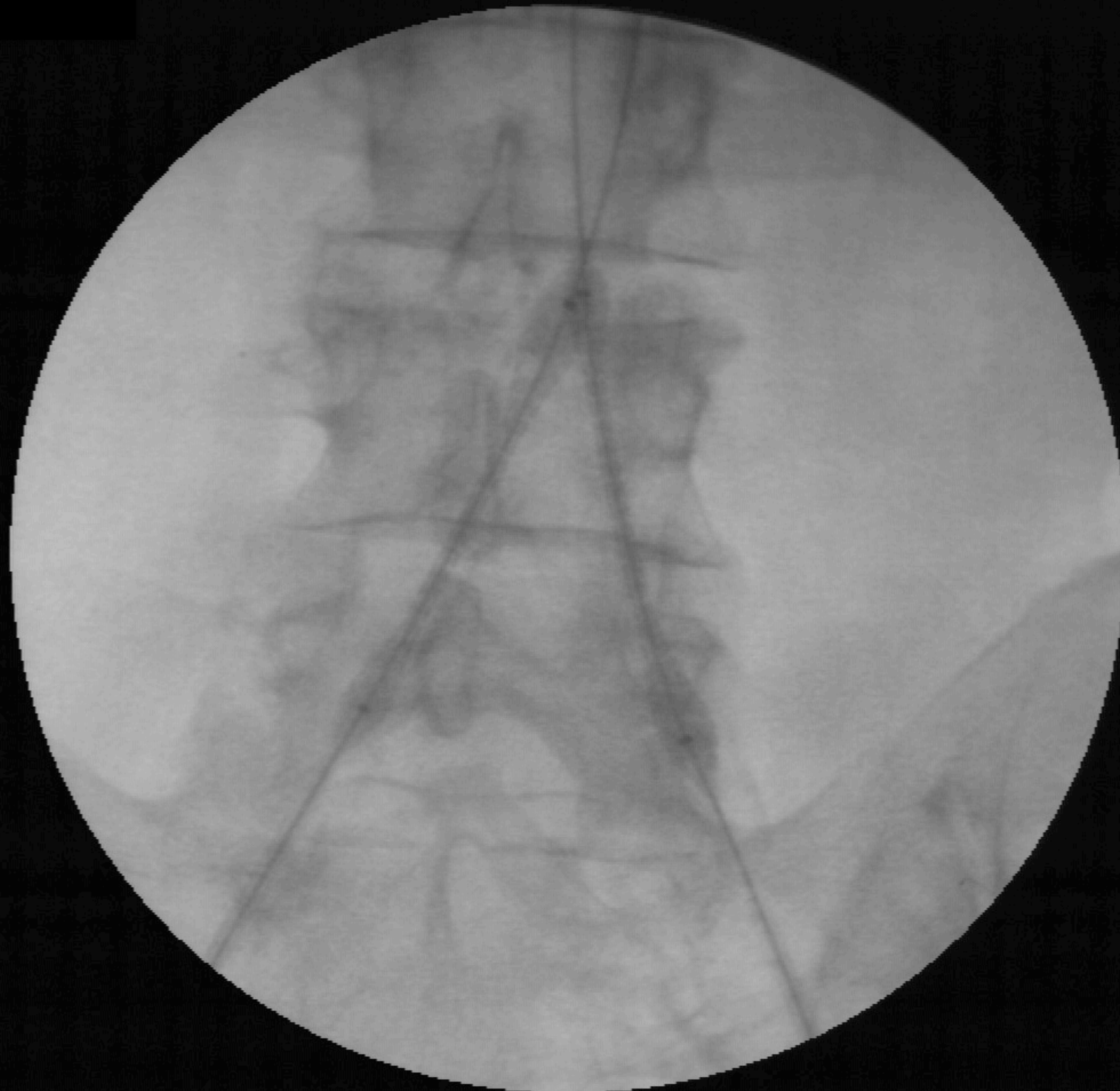
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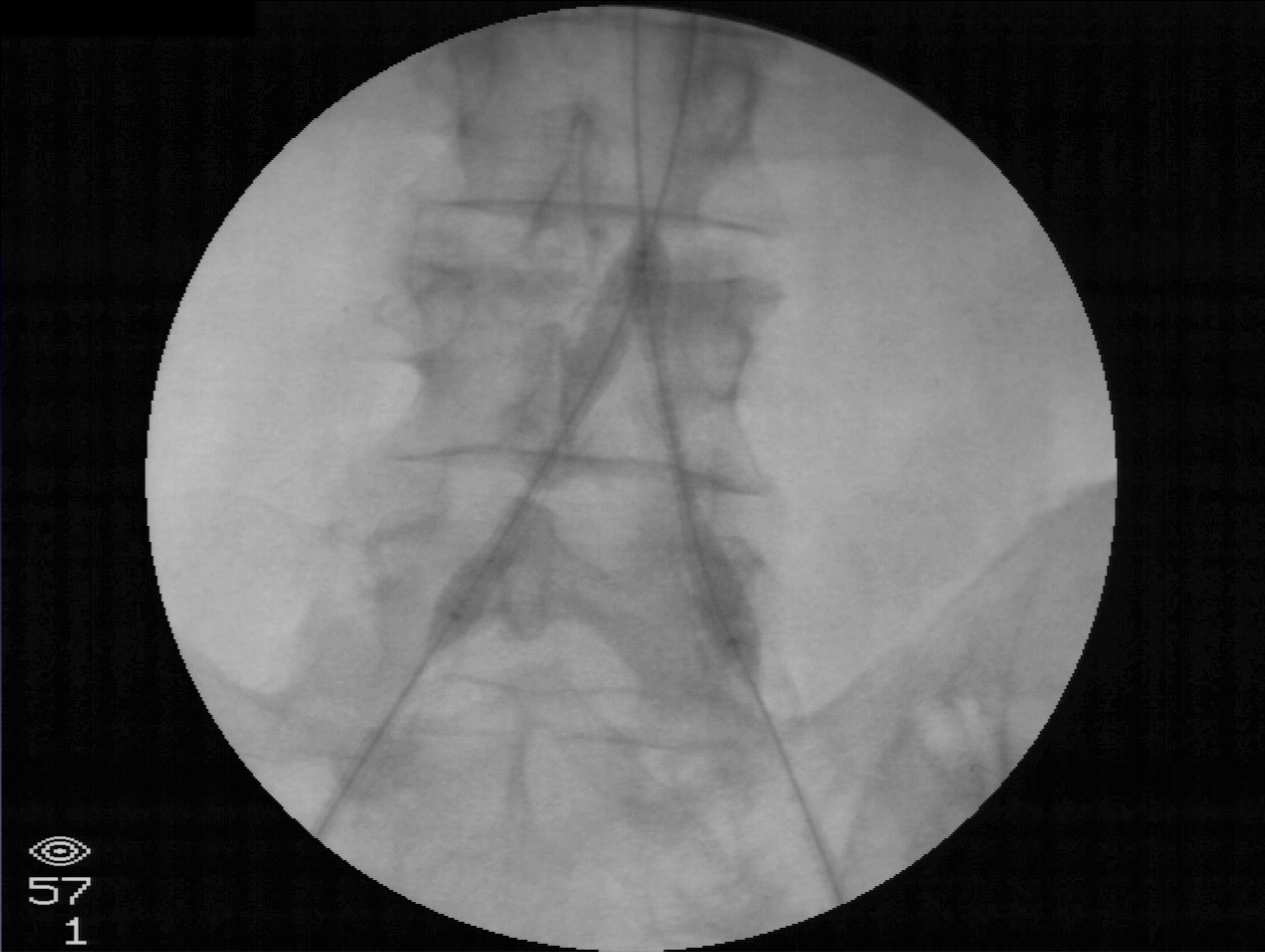
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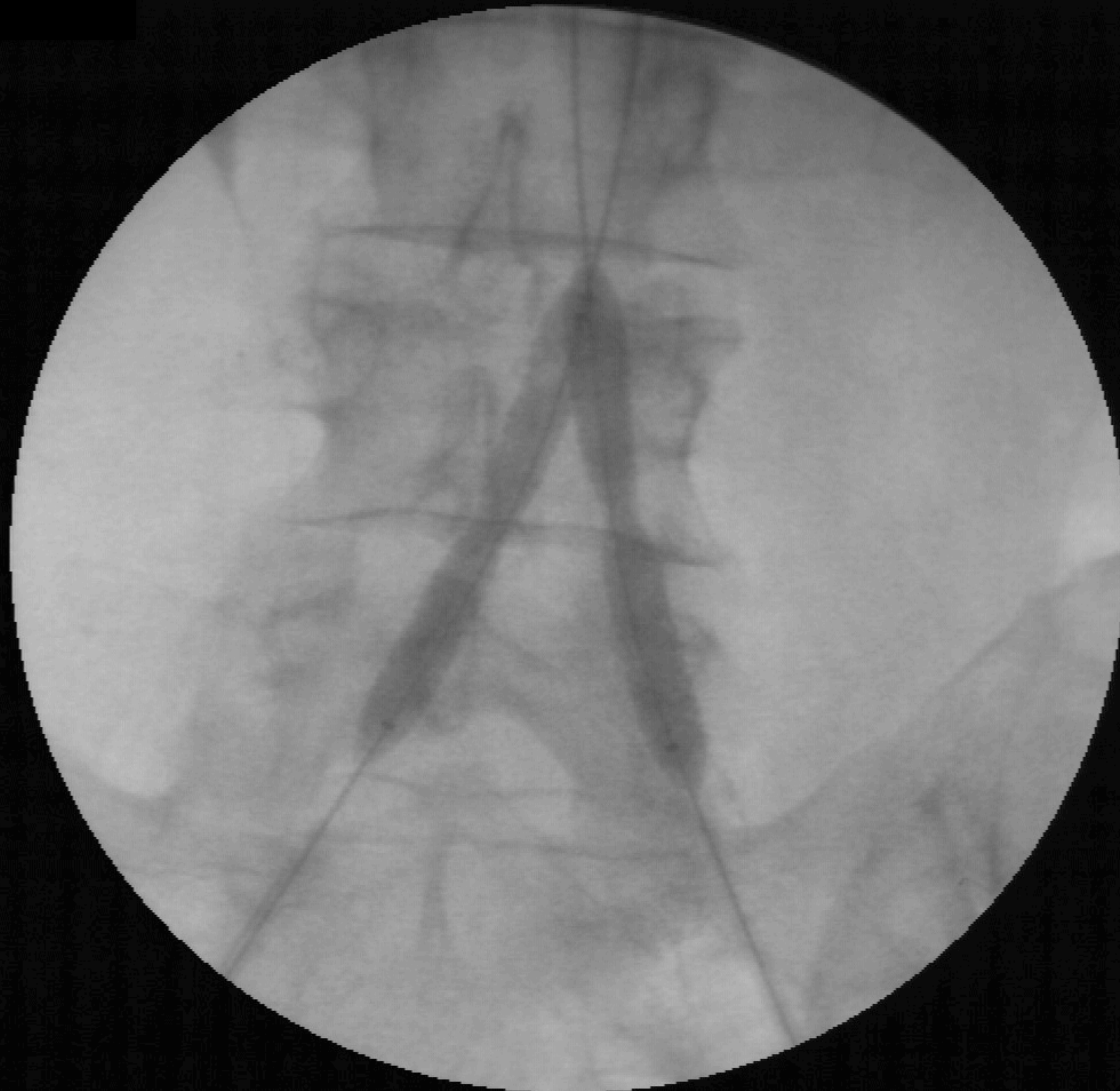
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