Endovascular stent in femoral bifurcation lesions

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Disclosure

I do not have any potential conflict of interest
Femoral bifurcation

Stent there?
# Endovascular Therapy of Common Femoral Artery

<table>
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<tr>
<th>Researcher</th>
<th>Intervention</th>
<th>Adverse Events</th>
<th>Outcomes</th>
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<tr>
<td>Mehta et al. 2016</td>
<td>Single Center Retrospective Analysis, n=167</td>
<td>Overall 3.5%</td>
<td>Technical success 100%</td>
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<td></td>
<td>Balloon angioplasty</td>
<td>Mortality 0.6%</td>
<td>Angioplasty</td>
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<td></td>
<td>Balloon angioplasty + atherectomy</td>
<td></td>
<td>20mo interval patency 93%</td>
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<tr>
<td>Cioppa et al</td>
<td>Single Center Retrospective Analysis n=30</td>
<td>Overall complications 3.3%</td>
<td>Technical success 100%</td>
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<td>Directional atherectomy + Drug coated balloon</td>
<td>Mortality 0%</td>
<td>1 yr TLR 6.7%</td>
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<td>angioplasty + provisional stenting</td>
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<td>1 yr patency 90%</td>
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</table>

- **2004-2016:** 1424 patients
- **Complications:** 0-11.5%
- **Mortality:** 0-2.5%
- **1 Year PP:** 80-95%
Stenting of Common Femoral Artery has the beneficial

Perioperative morbidity and mortality rate was significantly lower among patients who underwent endovascular therapy by stenting compared with surgery, whereas clinical, morphological, and hemodynamic outcomes were comparable at mid-term.
Jailed DFA has the beneficial

104 cases: 60 distal CFA with jailed DFA
44 ostium SFA

Patency rates: 12-month fate of jailed DFA after distal CFA stenting was acceptable, and the bifurcation patency rate was higher than after ostial SFA stenting
Case 1

M, 68 yrs
L R3 1 year, R4 1 month
Case 1

From CFA To distal SFA: Pulsar-18 6-170*2
PFA: PTA (Sterling 4-40)
Case 2

- Male, 80 yrs
- R foot pain and ulcer 2M
- 2015-4: LEIA, LCFA, LSFA Stents
- ABI: R AT 0.15, R PT 0.35
- Risk Factors: DM, HP, Uremia
  Current Smokers
Plans of procedure

- L brachial A acces
- Antegrade R EIA PTA+STENT
- Antegrade R DFA PTA/STENT
- Retrograde PA access, RSFA PTA+STENT
Angiography from L brachial A access

R EIA, DFA, SFA stenosis & occlusion
Significant calcified artery wall
PTA of R EIA, CFA, DFA

V18 + 4F MPA: Cross Lesions
Passeo-18 4-60: PFA
Passeo-18 5-60: EIA
Angiography after PTA
Recanalization of R SFA

Antegrade access failed
Retrograde R PA Access

21G micro puncture needle + V18 wire
Sterling balloon catheter 4-40
Retrograde R SFA PTA

4F Sheath in R POP A
Sterling 4-40 all R SFA
Recanalization of junction SFA-CFA

Retrograde Failed

Antegrade Success

Through-through Guide wire from POP to CIA
PTA for junction of SFA-CFA

Retrograde PTA of R SFA-CFA
Passeo-18 5-120
Significant residual stenosis after PTA
Retrograde: Pulsar-18 6-170*2 from distal to SFA Ostium
Antegrade: Pulsar-18 5-50 for DFA
PTA in the bifurcation of SFA & DFA
Stents in R EIA

Complete SE 8-60 in R EIA
Final Angiography
Case 2

- Right toe ulcer cured after 2 weeks
- **ABI:**  R AT 0.55,  R PT 0.75
- **Medicine:**  Plavix + Asprin
CTA after 5 months
Our Experience

• 2017.1-
• 8 Legs (8 cases), Male/Female: 5/3
• R4: 5 cases, R5: 3 cases
• DFA stent: 2, SFA-CFA stent: 7, SFA stent: 1
• Technique Success: 100%
• Follow-up: 1-24M
  PP: 100%, TLR: 0
  No Amputation, No death
Conclusions

• Endovascular procedure is effective and safe for femoral artery bifurcation lesion treatment

• Stent is needed for complex lesion

• Endovascular treatment has good short and mid-term results
Thank You

Better Stent, Better Endo
An update on Western Australian experience with the Gore Excluder Iliac Branch device for common iliac artery aneurysm – technical and intermediate outcomes.

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