Early experience with Supera stenting for Common Femoral Artery lesions

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Disclosure

Speaker name:
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I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☐ I do not have any potential conflict of interest
EVT for CFA lesions ... ????

- Technical success rate  ????
- Deep femoral artery preservation  ????
- Stent fracture  ????
- Long term patency  ????
• 1,843 isolated CFE : from 2005-2010
• Operative time = 146±69 min.
• Mortality rate = 3.4%
• Wound related complications = 8.4%
• Length of stay = 4 day

Assessing the Perioperative Safety of Common Femoral Endarterectomy in the Endovascular Era

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- 1,513 isolated CFE pt. from 2007-2010
- 30-day po. Mortality 1.5%
- Superficial surgical site infection 6.3%
- Deep surgical site infection 2%
- Cardiac/Pulmonary/Renal complications : 1%

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CFA stenting: First choice of treatment

- Severe circumferential calcified lesions
- Scar tissue from previous surgery
- Post radiation
- Severe comorbidity
Case 1:

• 55 yo male
• Minor tissue loss of right foot
• CKD (hemodialysis)
CFA stenosis, run-off = peroneal a.
Supera stenting
• At 29 months follow-up
• Ultrasound showed no in-stent restenosis
Case 2:

- 73 yo male
- Infected axillo-bifemoral bypass graft (AIOD)
Infected axillofemoral graft
Rt=Supera stenting, Lt=Endarterectomy
CTA: Kissing iliac stents
• At 19 months follow-up
• Ultrasound showed no in-stent restenosis
• Myocardial infarction
Case 3:

- 71 yo male
- Minor tissue loss of right foot
- Diabetes, Hypertension
CTO Rt iliac a., Distal embolization
Supera stenting@CFA, Iliac stenting
• At 3 months follow-up
• Severe claudication of left leg
Right CFA approach
Bidirectional approach
• At 19 months follow-up
• ABI = 0.83, 0.59
• Claudication of left leg
• In-stent restenosis or occlusion
Case 4:

- 82 yo female
- Minor tissue loss of right foot
- Rest pain of left leg
- CAD, Hypertension
Supera stenting
Supera stenting
Retrograde approach from pop a. and profunda a.
Supera stenting
Angiography @ 12 months
• At 18 months follow-up
• ABI = 0.73, 0.94
• Ultrasound showed no in-stent restenosis
Case 5:

• 69 yo male
• Minor tissue loss of left foot
CFA stenosis : Supera stenting
Antegrade approach for BTK lesion
• At 9 months follow-up
• ABI = 1.02, 0.50
• Angiography showed re-occlusion of left pop a.
• No symptom
• At 15 months follow-up
• ABI = 0.82, 0.48
• Ultrasound showed no in-stent restenosis
Case 6: Restenosis (POBA, DCB)
Mild claudication
• At 9 months follow-up
• No claudication
• ABI = 0.73, 0.66
• Ultrasound showed no in-stent restenosis
Case 7: minor tissue loss of left foot
Iliac stenting, Supera stenting @ EIA, CFA, SFA
• At 7 months follow-up
• Completed wound healing
• ABI = 0.48 , 0.82
<table>
<thead>
<tr>
<th>patient</th>
<th>presentation</th>
<th>operation</th>
<th>patency</th>
<th>Clinical status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Minor tissue loss</td>
<td>CFA, DFA stenting</td>
<td>Yes, 29 m</td>
<td>Recurrent tissue loss</td>
</tr>
<tr>
<td>2</td>
<td>Infected bypass graft</td>
<td>CFA, Iliac stenting</td>
<td>Yes, 19 m</td>
<td>Died, MI</td>
</tr>
<tr>
<td>3</td>
<td>Minor tissue loss</td>
<td>CFA, Iliac stenting</td>
<td>Yes, 19 m</td>
<td>Complete wound healing</td>
</tr>
<tr>
<td>4</td>
<td>Minor tissue loss</td>
<td>CFA stenting</td>
<td>Yes, 18 m</td>
<td>Complete wound healing</td>
</tr>
<tr>
<td>5</td>
<td>Minor tissue loss</td>
<td>CFA stenting</td>
<td>Yes, 15 m</td>
<td>Complete wound healing</td>
</tr>
<tr>
<td>6</td>
<td>Claudication</td>
<td>CFA, Iliac, SFA stenting</td>
<td>Yes, 9 m</td>
<td>No claudication</td>
</tr>
<tr>
<td>7</td>
<td>Minor tissue loss</td>
<td>CFA, Iliac stenting</td>
<td>Yes, 7 m</td>
<td>Complete wound healing</td>
</tr>
</tbody>
</table>
Conclusions

• Standard treatment of CFA lesions was CFE.
• Supera stenting for CFA lesions may be the treatment of choice in selected case.
Thank you for your attention
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Common Femoral Artery lesions

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