A Case of Virtual PQ Bypass Using Double Snare-Piercing Technique

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Disclosure

Speaker name: Shuhei Uchida, M.D

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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
## DETOUR 1 Trial

### Primary Effectiveness Endpoints

<table>
<thead>
<tr>
<th></th>
<th>1-Year</th>
<th>2-Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Patency</td>
<td>81±4%</td>
<td>81±4%</td>
</tr>
<tr>
<td>Assisted Primary Patency</td>
<td>82±4%</td>
<td>82±4%</td>
</tr>
<tr>
<td>Secondary Patency</td>
<td>90±4%</td>
<td>90±3%</td>
</tr>
</tbody>
</table>

### Primary Safety Endpoints

<table>
<thead>
<tr>
<th></th>
<th>1-Year</th>
<th>2-Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Adverse Events</td>
<td>13/80 (16.3%)</td>
<td>14/78 (17.9%)</td>
</tr>
<tr>
<td>Death</td>
<td>1/79 (1.3%)</td>
<td>3/72 (4.2%)</td>
</tr>
<tr>
<td>CD-TVR</td>
<td>12/79 (15.2%)</td>
<td>12/76 (15.8%)</td>
</tr>
<tr>
<td>Target limb amputation</td>
<td>0/79 (0.0%)</td>
<td>1/73 (1.4%)</td>
</tr>
</tbody>
</table>
Case: 70s y.o, Male

【Diagnosis】 Peripheral Artery Disease (Rutherford Class 3-4)

【Risk Factors】 Diabetes, Hypertension, Dyslipidemia, Former Smoker

【Laboratory Findings】 ABI: 1.05/0.74  Cardiac Function: normal

【Present history】
- Jul./2014  He complained of severe intermitted claudication. Former doctor performed EVT for left SFA. Left SFA had occlusive lesion with aneurysmal change, so the procedure failed. Attending doctor told medication and exercised therapy. However, his symptom was worsened.
- Jul./2021  He visited our hospital for EVT.
Initial Angiography

7Fr Parent Cross

SFA prox.

POP

BK
Bi-directional Wiring

Halberd (0.018) ↓
Astato (0.018) 9-40
Vision OTW

Radifocus (0.035)

6Fr Slender Sheath
Bi-directional Wiring

Ante Owl

Astato 9-40

Radifocus(0.035)
Step 1: Sheath Insertion via Lt-FV

- 6Fr Long Sheath
- 7.0mm GOOSE NECK
- PTA 4.0mm
- PTA
Step 2: Double Snare-Piercing at Distal
Step 3: Pulling G.W into Vain
Step 4: Double Snare-Piercing at Proximal

7.0mm GOOSE NECK

4.0mm GOOSE NECK
Step 5: Crack & PAVE with VIABAHN

SHIDEN HP 4.0/100mm

VIABAHN x3

SHIDEN HP 7.0mm
Final Angiography
Importance for PQ Bypass

- Inflow lesions (treated if > 50%)
- Patent iliac and femoral arteries of sufficient size and morphology for 8Fr sheath
- Visible stump
- Lesion length
- Popliteal diameter /disease
We had successful EVT of virtual PQ bypass using double-snare piercing technique & VIABAHN stent-graft.

It is one option to treat very long CTO, however, we should be prepared as CT angiography.
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