HYBRID TREATMENT OF CRITICAL LIMB ISCHEMIA IN A PATIENT WITH MULTILEVEL PERIPHERAL ARTERIAL DISEASE AND HIGH RISK FOR BLEEDING – A CHALLENGING CASE

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Purpose: To present a challenging case with multilevel peripheral arterial disease (PAD), high surgical risk and high risk for bleeding.

Case: An 83-year-old male with a history of insulin-dependent diabetes, arterial hypertension, dyslipidemia and coronary disease presented with a right-sided critical limb ischemia (CLI) (gangrene of 3 toes). (Fig 1) His medical history included a myocardial infarction and a coronary-aortic bypass one month ago as well as a massive gastrointestinal bleeding under acetylsalicylic acid. At presentation, he was under 2.500 UI bemiparin only. Angiography revealed an entire external iliac near-occlusion, a long femoropopliteal obstruction and a poor plantar arch. (Fig 2-6) The patient underwent under local anesthesia angioplasty and stenting of the iliac segment successfully. (Fig 7) However, the ischemia did not improve. Immediately, the patient underwent a femoropopliteal bypass with a synthetic graft. (Fig 8) Postoperatively the patient had a palpable anterior tibial artery, but a transmetatarsal amputation was needed. The patient received clopidogrel and rivaroxaban 2.5mg bid afterwards. Healing was satisfactory and after 6 months, the patient is ambulatory, pain-free and without any bleeding event. (Fig 9)

Conclusion: Hybrid treatment can be an effective and safe strategy for cases of higher surgical risk and multilevel PAD that present with CLI. When there is a high risk of bleeding, a multidisciplinary management is useful to decide on proper antithrombotic treatment.