Complete endovascular treatment of bilateral CLI caused by subacute aortic occlusion

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Disclosure

Speaker name: Baban Assaf

I have the following potential conflicts of interest to report:

- [ ] Consulting
- [ ] Employment in industry
- [x] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [ ] Other(s)

[ ] I do not have any potential conflict of interest
Case

- 31 y.o. female
- Mother died at age of 30 from stroke
- Stenting of infrarenal aorta 4 months before
- Critical limb ischemia on both sides
  - Toes of right foot pregangrenous
- ABI bilateral 0.0
## Procedure Plan

<table>
<thead>
<tr>
<th>Step</th>
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<tbody>
<tr>
<td>Bilateral Duplex CFA puncture</td>
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<td>Embolic protection by 4F 7mm balloon</td>
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<tr>
<td>Blockage of EIA</td>
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<tr>
<td>Axillary cut down, pulse-spray-lysis of thrombi with 6F Angiojet/Possis, 40mg rTPA</td>
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<tr>
<td>Removing remaining thrombus Indigo-Kat8 aspiration katheter</td>
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<tr>
<td>PTA and Stenting of underlying lesion</td>
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ABI bilateral 1
Rivaroxaban 20 + Clopidogrel 75
• Total OR time 105 min
• Blood loss: 330ml

• Pro Endo-/Hybrid approach: minimal invasive, hypogastrics can be saved, no ICU time
• Contra Endo-/Hybrid approach: high costs for Indigo and Angiojet catheters
Thank you for the attention!

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