Peripheral Angioplasty to Right CIA

Dr. Raihanathul Misiriya.K.J Additional Professor Dept. of Cardiology Govt. Medical College, Kottayam

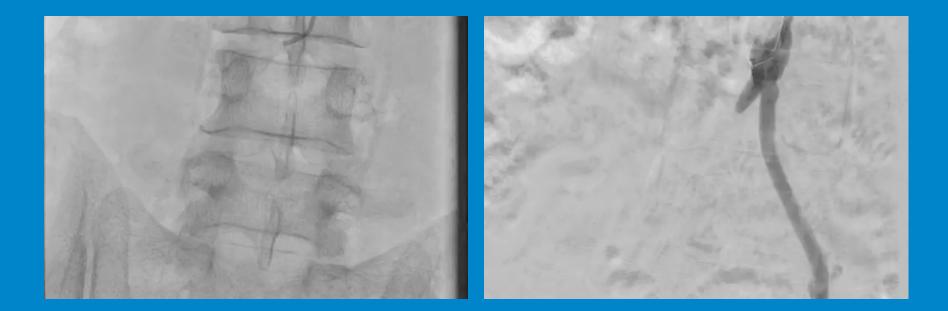
Case scenario

- 58 yrs old male
- Systemic HTN
- Smoker
- COPD
- Intermittent claudication – 1 Yr

All peripheral pulses + CVS - WNL

Initial PAG

Initial DSA



V-14 control guide wire (*Rubicon support guiding catheter*)



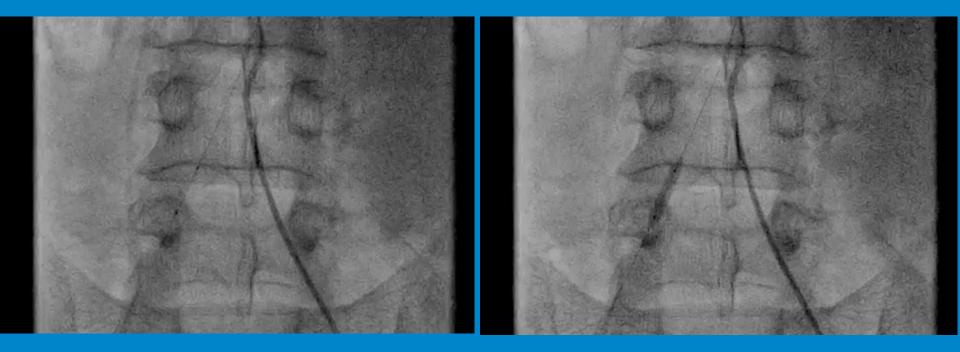


Predilatation

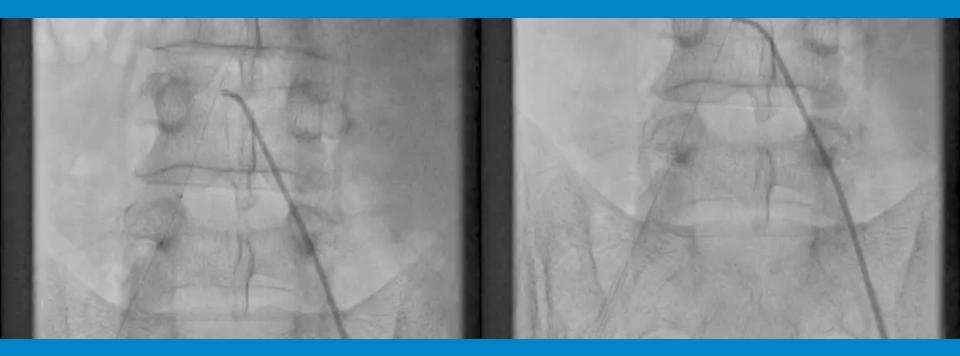
3.5x15mm, Sapphire



Predilatation in progress...



Completed initial predilatation



Exchanged with 0.035 Magic wire



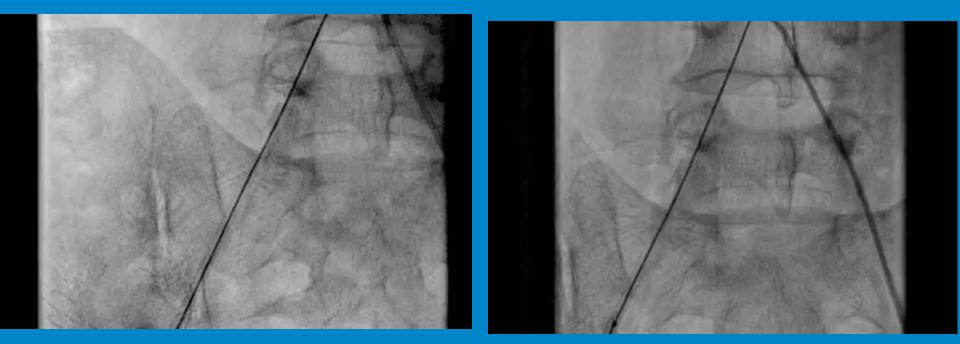
Further Predilatation...

5x20mm Mustang Balloon

Bed preparation complete

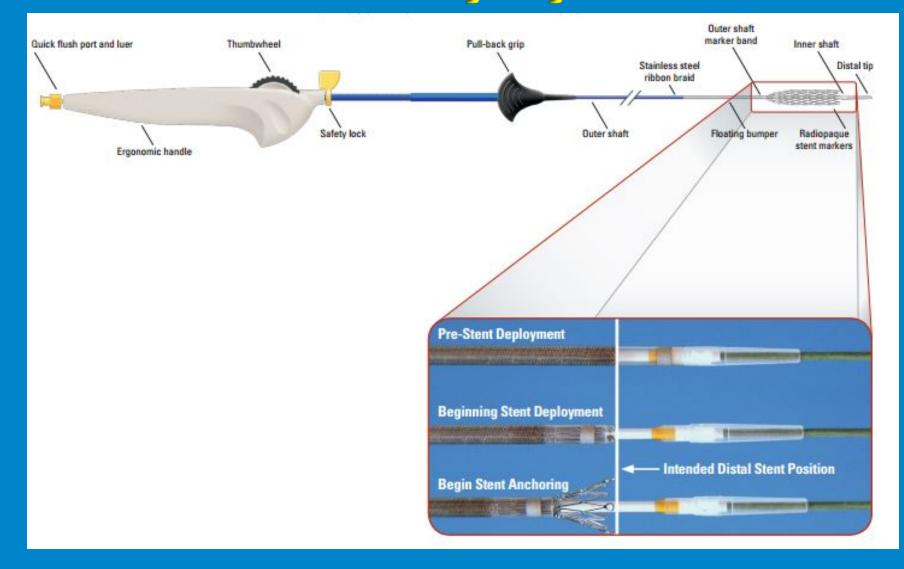
Ipsilateral injection

Contralateral injection



Stent placement

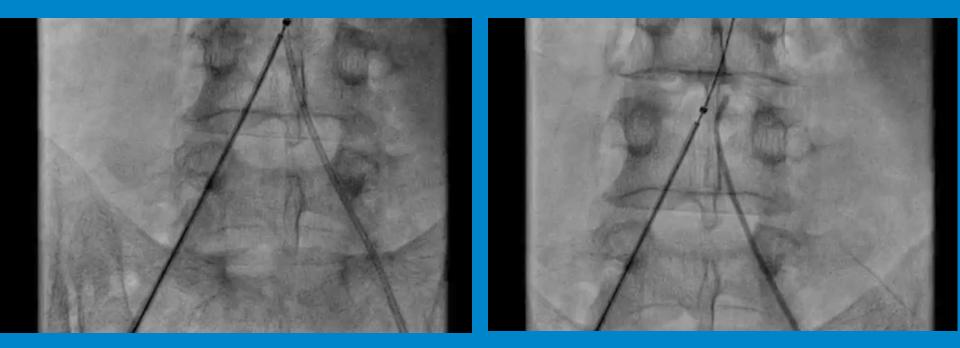
Stent delivery system



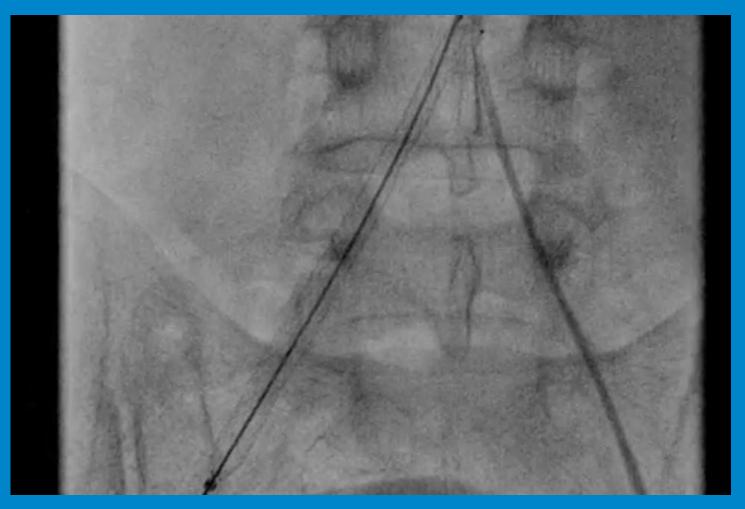


Ipsilateral injection

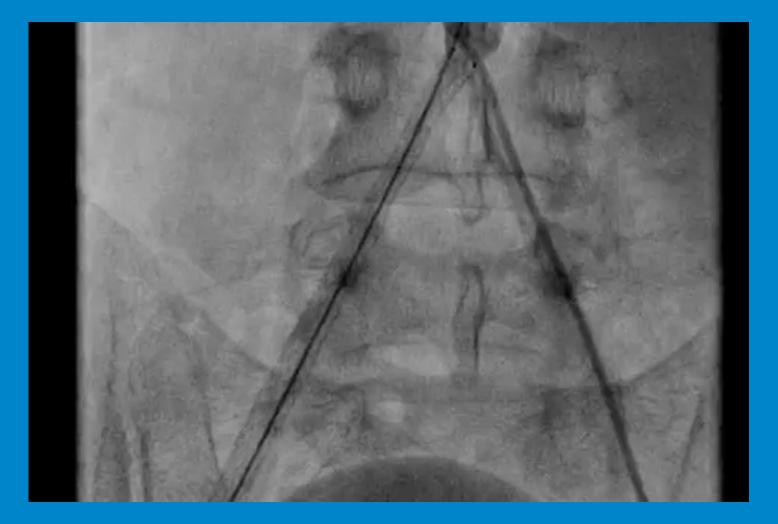
Contralateral injection



Stent deployment







Take home message

- Endovascular treatment of aortio iliac lesions can be performed with less morbidity than open surgery
- Ipsilateral retrograde femoral approach is ideal for common iliac lesions
- Self expandable stents are more flexible, non crushable and can be placed across joints.
 - Hence external compression is no longer a concern

