

The background features a dark blue gradient with a starry space pattern. On the left side, there are several technical diagrams, including circular gauges with numerical scales (140, 150, 160, 170, 180, 190, 200, 210, 220, 230, 240, 250, 260) and various circular and dashed lines, suggesting a medical or engineering context.

# BIDIRECTIONAL APPROACH TO SFA CTO

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ASSOCIATE PROFESSOR

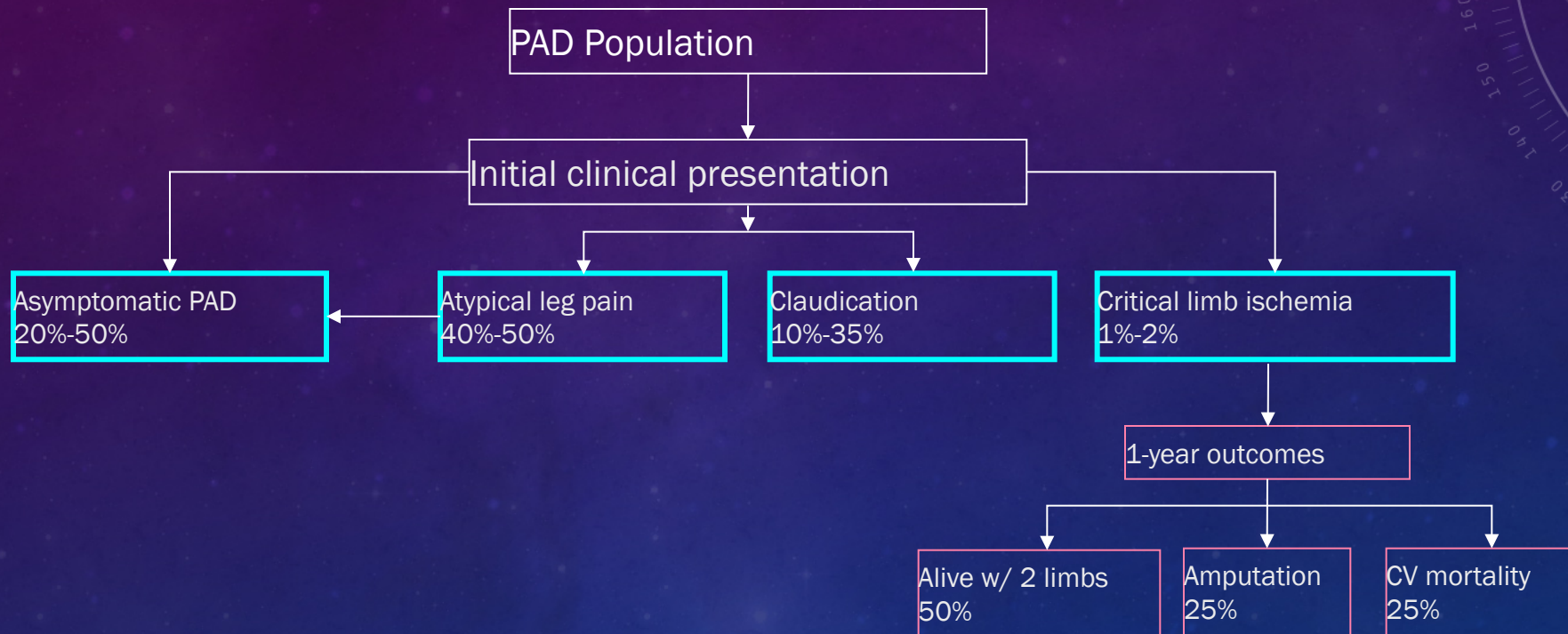
MOSC MEDICAL COLLEGE HOSPITAL

KOLENCHERY

# HISTORY

- **Dec 2012:**
- 45 year old diabetic and hypertensive patient
- Presented with non healing ulcer right foot, rest pain
- O/E Absent right popliteal and leg pulses, infected ulcer plantar aspect right foot
- Right SFA occluded : Mid 1/3 of SFA had Chronic Total Occlusion.
- Antegrade recanalization of CTO done with an Approach CTO-18 wire.
- SFA stented with two Complete SE stents 5.0 X 120 mm and 5.0 X 60 mm.
- Would healed in 2 months; multiple debridement's done.

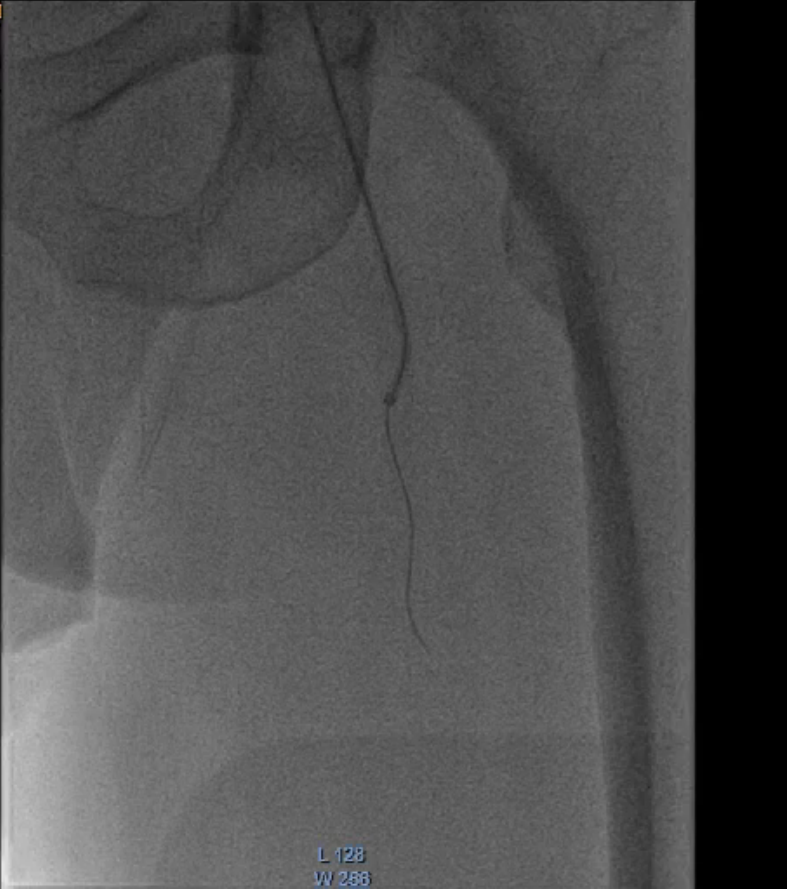
# NATURAL HISTORY OF ATHEROSCLEROTIC LOWER EXTREMITY PAD



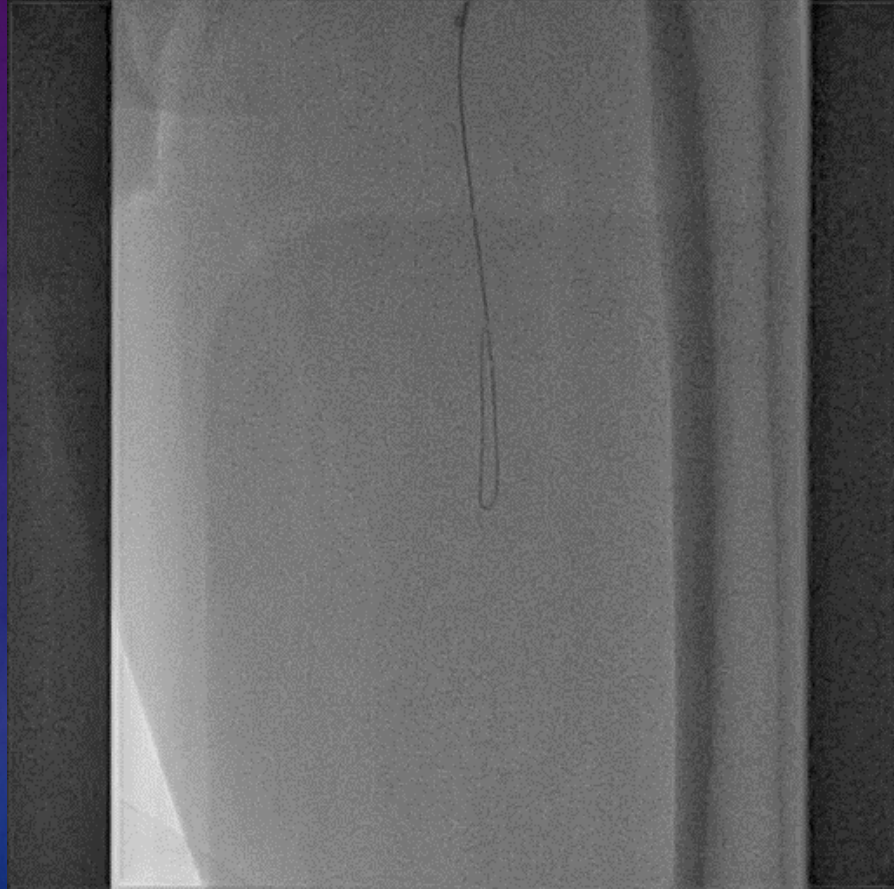
- **Sep. 2015 :**
- Patient came back with non healing ulcer of left foot (opposite foot), rest pain
- Absent popliteal/leg pulses left leg
- Amputation was considered in view of impending gangrene
- Pus cultures: pseudomonas
- Peripheral angiogram done



ELDO 47/M  
9/5/2015  
3:26 PM



L 128  
W 286



ELDO 47/M  
7031 PTA 1646/198824  
M  
9/5/2015  
3:29 PM  
Run 5 - Frame 1 / 85

M.O.S.C.MCH,Kolenchery.  
60.9kV, - mAs, 141mA, 3ms  
Zoom 100%



RAO -0.4°  
Cranial 0.0°

L 128  
W 288

ELDO 47/M  
7031 PTA 1646/198824  
M  
9/5/2015  
3:48 PM  
Run 9 - Frame 1 / 79

M.O.S.C.MCH,Kolenchery.  
60.6kV, - mAs, 128mA, 3ms  
Zoom 100%



RAO -0.4°  
Cranial 0.0°

L 128  
W 288

ELDO 47/M  
7031 PTA 1646/198824  
M  
9/5/2015  
3:48 PM  
Run 9 - Frame 1 / 79

M.O.S.C.MCH,Kolenchery.  
60.6kV, - mAs, 128mA, 3ms  
Zoom 100%



RAO -0.4°  
Cranial 0.0°

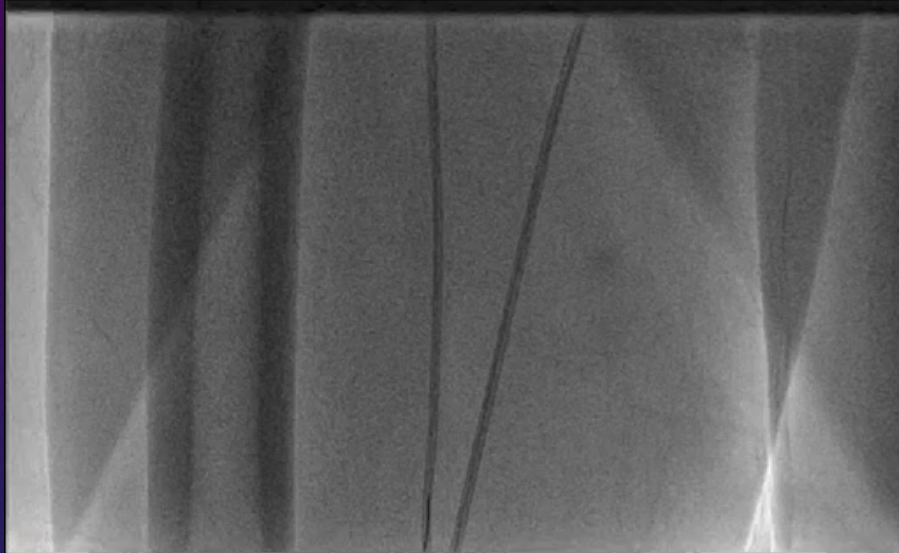
L 128  
W 286





ELDO 47/M  
7031 PTA 1646/198824  
M  
9/5/2015  
4:11 PM  
Run 14 - Frame 1 / 150

M.O.S.C.MCH,Kolenchery.  
74.8kV, - mAs, 3mA, - ms  
Zoom 100%



LAO 37.4°  
Cranial 0.3°

L 128  
W 256

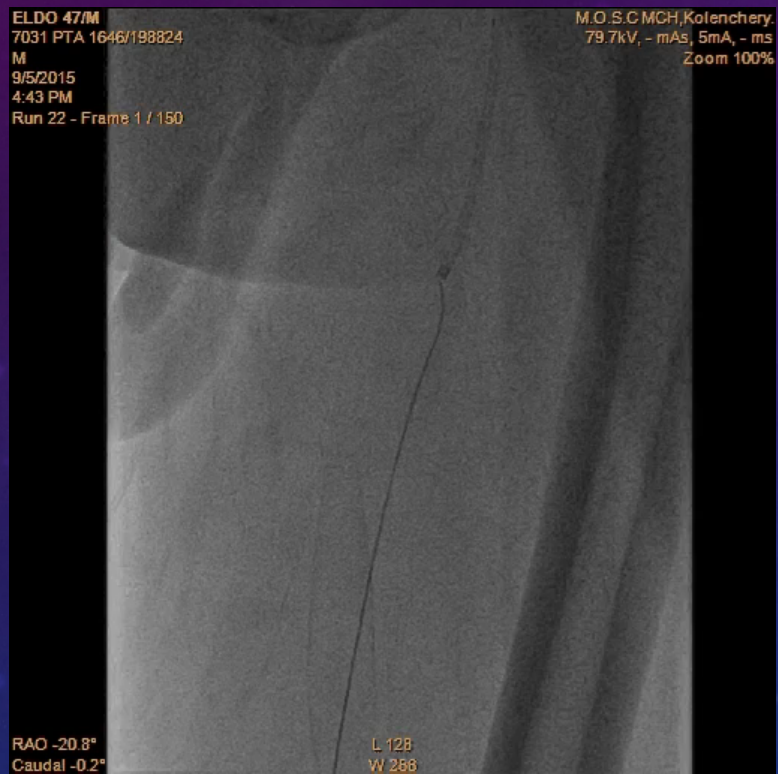
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9/5/2015  
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Run 19 - Frame 1 / 150

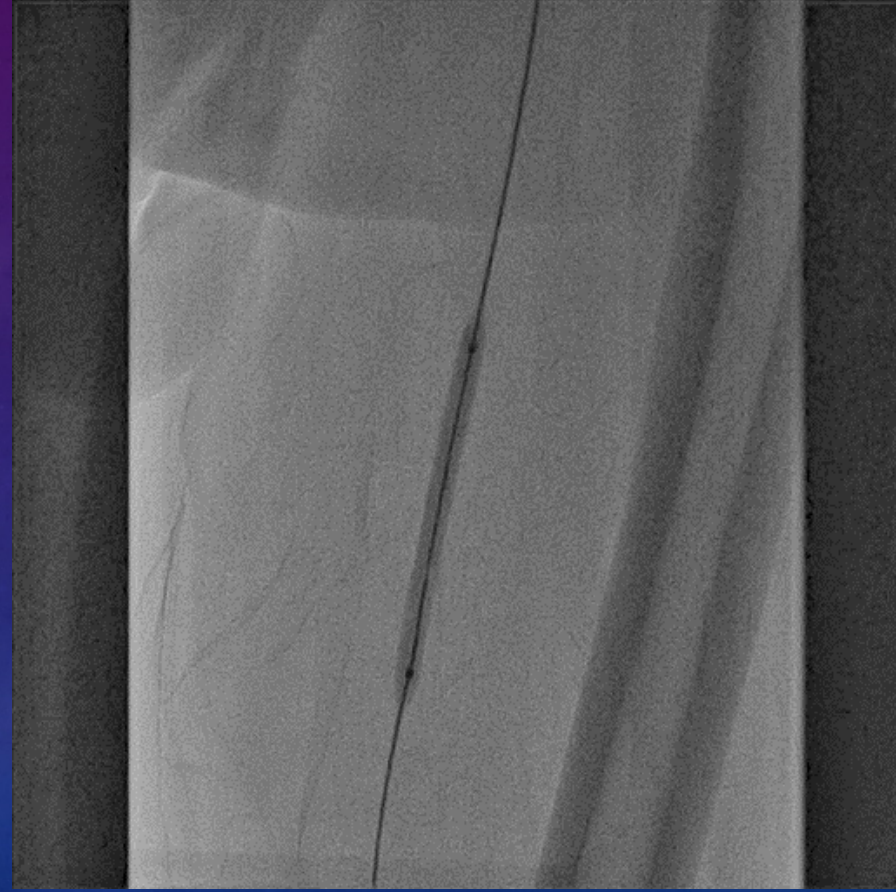
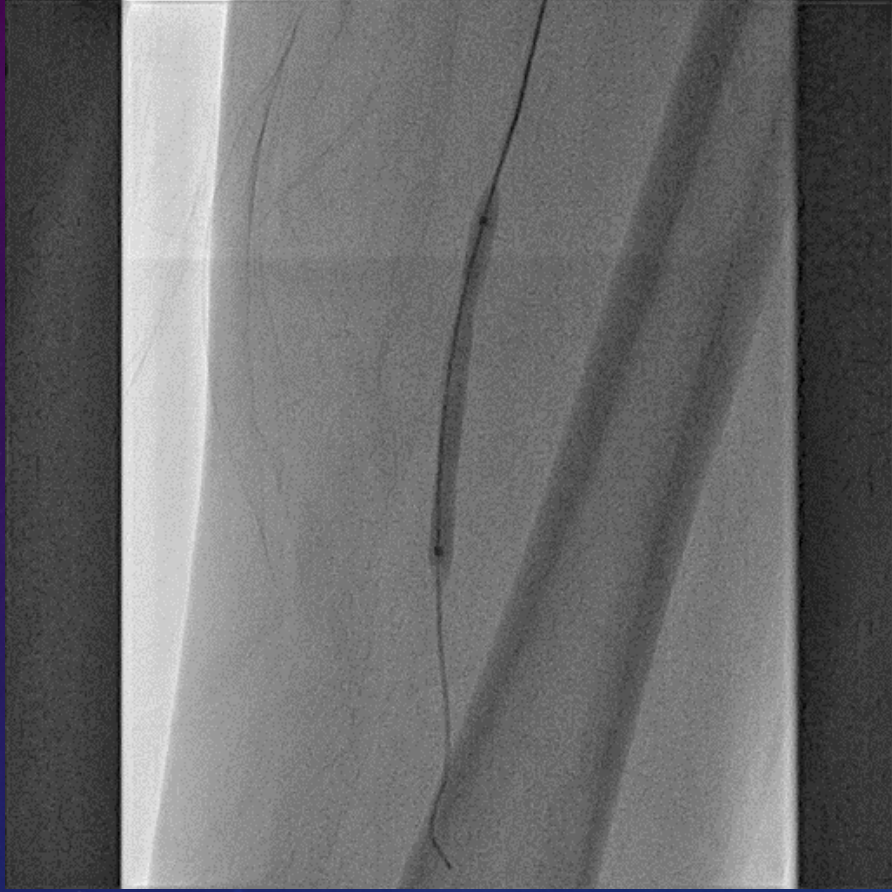
M.O.S.C.MCH,Kolenchery.  
74.9kV, - mAs, 3mA, - ms  
Zoom 100%



RAO -20.9°  
Caudal -0.2°

L 128  
W 256







ELDO 47/M  
7031 PTA 1646/198824  
M  
9/5/2015  
5:14 PM  
Run 40 - Frame 1 / 222

LAO 19.9°  
Cranial 0.1°



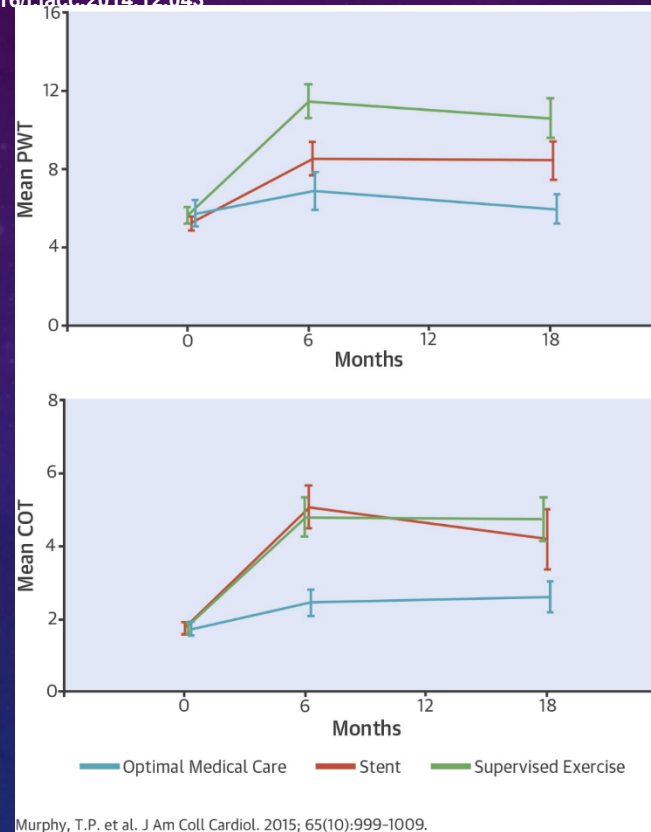
M.O.S.C.MOH,Kolenchery.  
57.3kV, - mAs, 93mA, 3ms  
Zoom 100%

L 128  
W 288

- Dorsalis pedis and popliteal pulses re-appeared
- Patient required prolonged IV antibiotic therapy to clear the pseudomonas infection and cellulitis
- Underwent multiple debridements
- Was admitted under the surgery department for 1 month
- The wound healed in two months time

## From: Supervised Exercise, Stent Revascularization, or Medical Therapy for Claudication Due to Aortoiliac Peripheral Artery Disease: The CLEVER Study

J Am Coll Cardiol. 2015;65(10):999-1009. doi:10.1016/j.jacc.2014.12.043



### Figure Legend:

#### Exercise or Intervention for Claudication Due to Aortoiliac PAD: PWT and COT

(Upper panel) PWT. Patients with 18-month follow-up visit only. (Lower panel) COT. COT = claudication onset time on a graded treadmill test; PAD = peripheral artery disease; PWT = peak walking time on a graded treadmill test.

# TAKE HOME MESSAGE

- In critical limb ischemia timely revascularization prevents amputation
- Reverse CART is a good technique in selected SFA CTOs to achieve recanalization
- All CLI revascularization should be followed up with OMT including high dose statins, Ramipril and dual/triple anti-platelet therapy