

Case Report



Successful Bilateral Angioplasty Treatment of Tibial Arteries Using the Sublime™ Radial Access Platform



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PATIENT PRESENTATION / BASELINE

A woman in her early 80s with a history of peripheral artery disease and intermittent claudication in both legs presented with symptoms of pain and numbness to the lower extremities.

DIAGNOSTIC FINDINGS (Figure 1)

A diagnostic angiogram of the right lower extremity revealed 90% occlusion in the mid-section of the anterior tibial (AT) artery, which provided collaterals to the peroneal artery (Figure 1). The peroneal artery had collaterals to the distal posterior tibial (PT) artery. No areas of occlusion could be accessed into the peroneal or PT arteries.

A diagnostic angiogram of the left lower extremity revealed total occlusion of the distal section of the PT artery. The AT artery had a collateral over to the distal PT artery.



Figure 1: Angiogram revealed 90% occlusion of the AT artery and a total occlusion of the PT artery

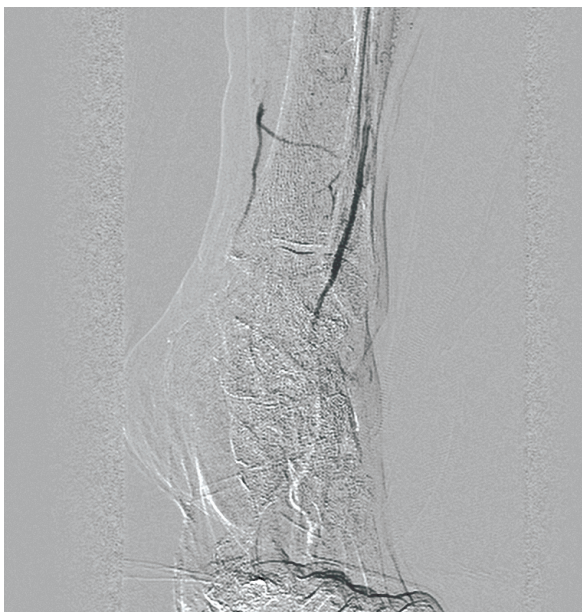


Figure 2: 2.5 mm x 40 mm Sublime™ Radial Access .014 RX PTA Dilatation Catheter used to treat the stenosis

TREATMENT

Radial access was achieved via the right upper extremity and an access guidewire was inserted and advanced under fluoroscopy. After the initial angiogram, a 6 Fr, 150 cm Sublime™ Radial Access Guide Sheath was inserted and advanced to the right superficial femoral artery. A guidewire was inserted, advanced to the right AT artery, and successfully crossed the occlusion. A 2.5 X 40 mm Sublime™ Radial Access .014 RX PTA Dilatation Catheter was advanced to the AT artery, inflated twice for 2 minutes per inflation, and then removed (Figure 2).

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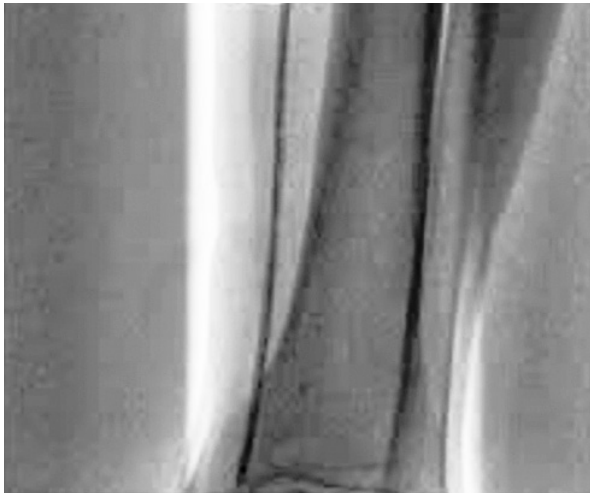


Figure 3: 2.0 mm x 220 mm Sublime™ Radial Access .014 RX PTA Dilatation Catheter used to treat the stenosis

With flow restored to the right AT artery, the Sublime™ Radial Access Guide Sheath was pulled back and was rerouted to the left superficial femoral artery. The guidewire was advanced through the occlusion in the left PT artery and down to the ankle. A 2.0 X 220 mm Sublime™ Radial Access .014 RX PTA Dilatation Catheter was advanced down the leg and inflated in a stepwise fashion to reach the distal PT artery. Once in the occlusion, the balloon was inflated multiple times for 2 minutes per inflation to restore flow (Figure 3).

POST PROCEDURE OUTCOME

A final arteriogram was obtained and showed reduction from 90% occlusion in the right AT artery to 20% to 30% residual stenosis (Figure 4). Also confirmed was reduction from 100% occlusion in the left distal PT artery to < 30% residual stenosis.

CONCLUSION

The Sublime™ Radial Access Guide Sheath and Sublime™ Radial Access RX PTA Dilatation Catheters were instrumental in delivering bilateral angioplasty to the patient in a single procedure and restoring flow to the extremities. Utilizing a radial approach allowed both legs to be treated during a single procedure.

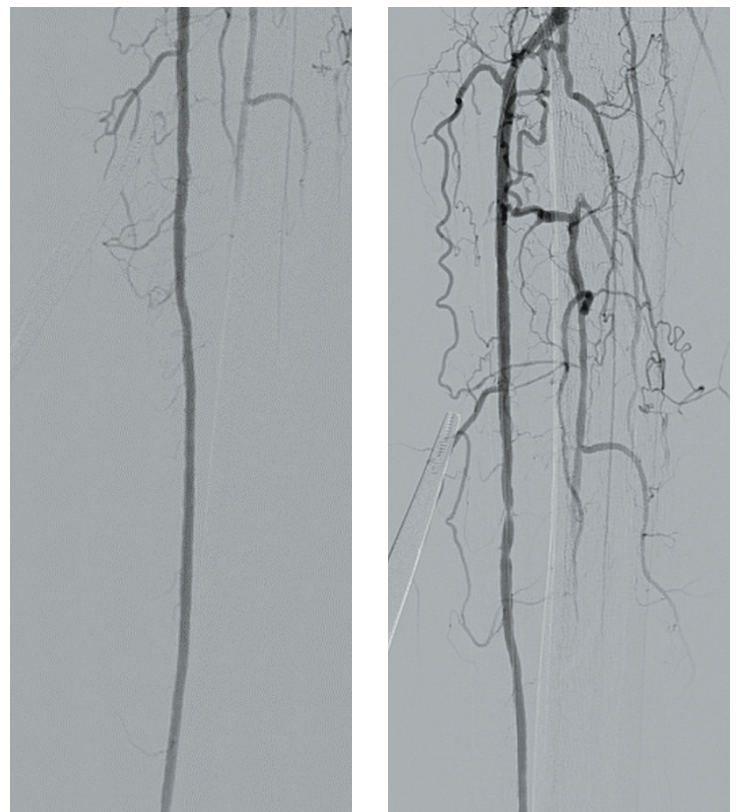


Figure 4: Arteriogram demonstrating reduced stenoses

