

# Case Report

## Pedal Loop Revascularization Using the Sublime™ RX PTA Dilatation Catheters via a Radial Approach



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### PATIENT PRESENTATION / BASELINE

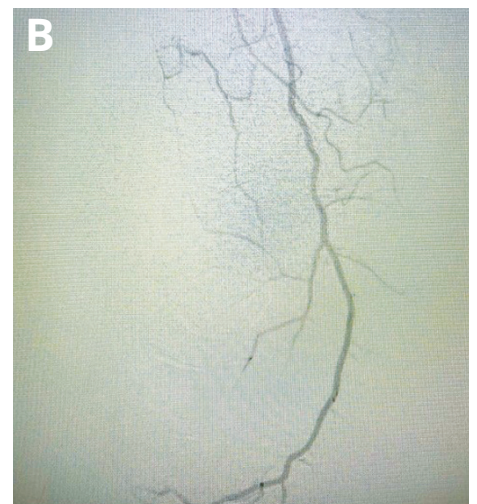
A man in his early 70s with a past medical history of coronary artery disease, peripheral artery disease, and hypertension presented to the clinic with gangrenous changes to the fifth digit (Rutherford category 5; Figure 1). The patient had previous right femoral endarterectomies leading to dense scar tissue at the prior access sites.



**Figure 1:** Gangrenous changes to the fifth digit

### DIAGNOSTIC FINDINGS

A diagnostic angiogram was taken of the right lower extremity, which revealed occlusion in the proximal anterior tibial (AT) artery and the dorsalis pedis (DP) artery (Figure 2).



**Figure 2:** Angiogram revealed occlusion in the proximal AT artery (A) and DP artery (B)

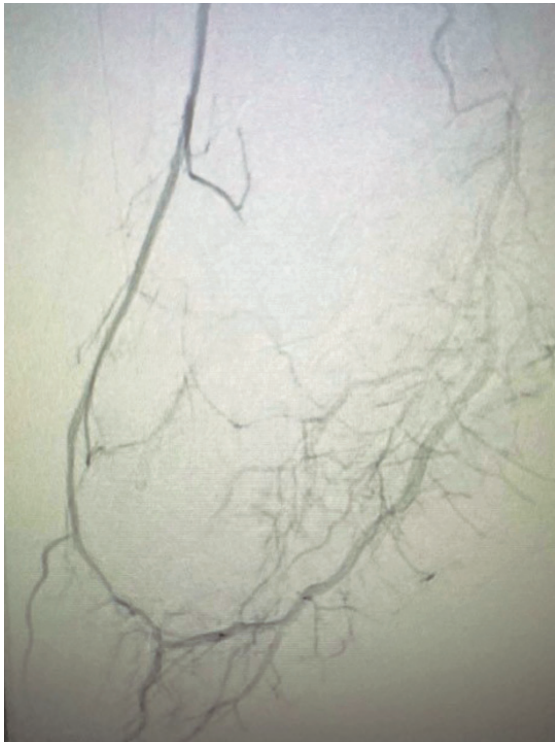


**Figure 3:** The 2.0 mm Sublime™ Radial Access .014 RX PTA Dilatation Catheter

### TREATMENT

The left common femoral artery was accessible, but the tortuous iliac anatomy indicated that a contralateral approach would be challenging. Given that past contralateral attempts had failed, radial access was chosen to revascularize the pedal loop by crossing the occluded AT artery into the dorsal-plantar loop. The 2.0 mm Sublime™ Radial Access .014 RX PTA Dilatation Catheter was advanced to the AT artery and inflated. The balloon was then advanced to the dorsal-plantar loop and inflated to revascularize (Figure 3).

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**Figure 4:** Completion arteriogram demonstrating restored flow through the anterior tibial artery and the pedal arch

## POST PROCEDURE OUTCOME

Balloon angioplasty was performed and flow was restored to the AT artery and the pedal arch (Figure 4).

## CONCLUSION

The Sublime™ Radial Access .014 RX PTA Dilatation Catheter allowed for treatment of a patient with extensive scar tissue at the femoral access site. A radial approach was used to provide a safer option for balloon angioplasty, restoring flow to the pedal loop in a patient where femoral access was not an option.



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