

Case Report



Sublime™ Radial Access Devices Used to Treat a Left Plantar Diabetic Foot Ulceration with Rutherford Category 6 CLI



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PATIENT PRESENTATION / BASELINE

A 72-year-old male with type 2 diabetes mellitus, coronary artery disease, hypertension, and a history of PAD with left axillofemoral bypass and sequential femoral-tibial bypass grafting presented with a large nonhealing diabetic foot ulceration and severe rest pain of his left leg. He was referred for a second opinion regarding amputation prevention.

DIAGNOSTIC FINDINGS

With known occlusion of distal aorta and femorofemoral graft, the diagnostic angiogram revealed a subtotal occlusion of the patient's left profunda artery to the anterior tibial (AT) artery bypass graft and chronic total occlusions of the left peroneal and posterior tibial artery (Figure 1).



Figure 1: Diagnostic angiogram revealed subtotal occlusion of the left profunda artery to the AT artery bypass graft



Figure 2: Sequential balloon angioplasty using Sublime™ Radial Access .014 PTA Balloon Catheters (2.5 X 220mm, 3.0 X 220mm, 4.0 X 220mm)

TREATMENT

With the patient awake under local anesthesia, ultrasound-guided left radial artery access was achieved, followed by insertion of a 5 Fr, 120 cm Sublime™ Radial Access Guide Sheath through the axillofemoral graft, terminating in the left profundal artery. The graft lesion was crossed with a 300 cm, .014 guidewire, which was parked in the left AT artery, followed by sequential balloon angioplasty using 250 cm Sublime™ Radial Access .014 PTA Balloon Catheters (sized 2.5 X 220 mm, 3.0 X 220 mm, and 4.0 X 220 mm; Figure 2). PTA was followed by immediate on-table debridement of the diabetic foot ulcer.

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Figure 3: The revascularized foot received the necessary perfusion and driving pressure for successful debridement

POST PROCEDURE OUTCOME

The revascularized foot received the necessary perfusion and driving pressure for successful debridement (Figure 3). The patient is currently ambulatory and completely healed 6 months into CLI follow-up with patent PTA results assessed by ultrasound surveillance.

The dedicated, purpose-built Sublime™ Radial Access Guide Sheath and Sublime™ Radial Access RX PTA Balloon Catheters were successful in restoring flow of the left femoral-tibial graft through an axillofemoral graft (Figure 4).

CONCLUSION

The Sublime™ Radial Access Platform provided a meaningful outcome for a diabetic patient facing amputation with Rutherford category 6 CLI disease.



Figure 4: The Sublime™ Radial Access Guide Sheath and Sublime™ Radial Access RX PTA Balloon Catheters were successful in restoring flow



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