

Atherectomy of bifurcation lesion involving anterior tibial artery and tibioperoneal trunk

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Dear Editor,

A 63-year-old black female was admitted for debridement of foot ulcer. Peripheral angiography revealed ostial 95% lesions in left anterior tibial artery and left tibioperoneal trunk (Figure 1). A Pro-water wire was advanced up the left distal anterior tibial artery, over the wire atherectomy catheter (Silverhawk) was advanced and multiple cuts were obtained. There was 30% residual stenosis in the anterior tibial artery and tibioperoneal trunk still had high-grade lesion. The same wire was advanced up the distal tibioperoneal trunk and the same atherectomy catheter was advanced and multiple cuts were done. There was 30% residual stenosis and some plaque shifting to the ostium of the anterior tibial artery. Because of this, a 4.0x10 mm cutting balloon was advanced and inflated in the ostium of the anterior tibial artery. Post inflation there was no significant residual in the anterior tibial artery, and there was 30% residual stenosis in the ostium of the tibioperoneal trunk (Figure 2). Below knee disease is a common reason for ischemic foot ulcers which can be treated with the Silverhawk catheter with a high success rate and a low complication rate. Additional balloon angioplasty might be necessary in selected cases (1).

Key words: Peripheral artery disease, atherectomy

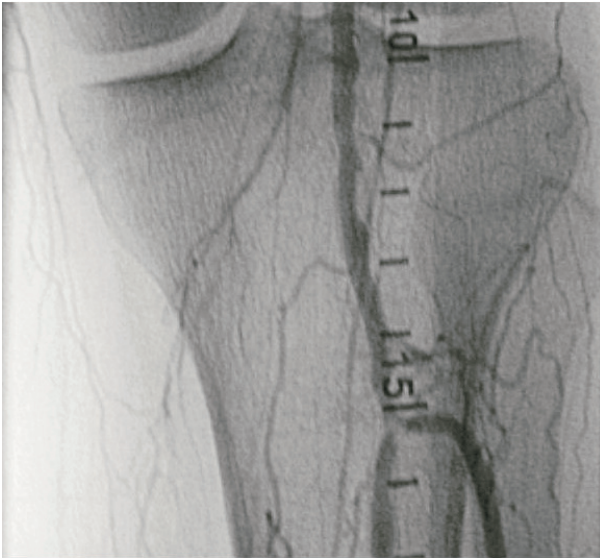


Figure 1

References

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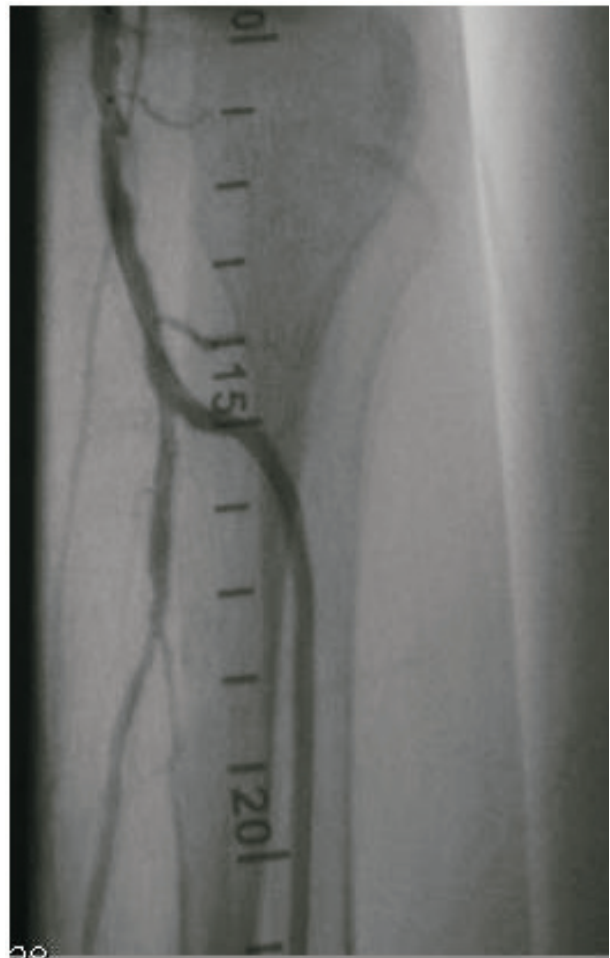


Figure 2

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