Endovascular Treatment of TASC II C and D Lesions Using Different Strategies

V. Kipiani

Bokhua Memorial Cardiovascular Center, Tbilisi, Georgia
Disclosure

Speaker name:  V. Kipiani

I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

✓ I do not have any potential conflict of interest
# Patient’s Data

<table>
<thead>
<tr>
<th>Gender</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>65 ±19(39-91)</td>
<td></td>
</tr>
<tr>
<td>STAGE</td>
<td>IIb (Ruth. 2)</td>
<td>III (Ruth.3)</td>
</tr>
<tr>
<td></td>
<td>18(6%)</td>
<td>94 (33%)</td>
</tr>
<tr>
<td>ABI</td>
<td>0 – 0.5</td>
<td></td>
</tr>
<tr>
<td>CAD</td>
<td>165(56%)</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>≈90% - “Critical Limb Ischemia”</td>
<td>196 (65%)</td>
</tr>
</tbody>
</table>
Material TASC C&D lesions

08/2011 – 06/2017

n = 294 (32% - 891)

Aorta - 2
ILIAC Arteries 76
SFA - 118
Poplitea - 62
Bellow Knee - 36
OUR Strategy in CTO lesion Treatment

✓ Antegrade
  • Endoluminal – when occlusion < 5 cm
  • Subintimal – when occlusion > 5 cm

✓ Retrograde puncture (Trans femoral, popliteal, tibial, pedal)

Failure
Results (30 day)

Angiographic and clinical success (ABI, Fontaine Class.)

Suprainguinal

Angiographic and clinical success (ABI, Fontaine Class.)

Infrainguinal

Major amputation

Mortality

95% 3%

Failure without complication

1% 1%

Major amputations

1/2% 1/2%

0/4%
Conclusiones:

- In some clinical cases, in patient’s with CLI with TASC C & D lesions there is not more alternative way then endovascular treatment;

- Multiple staged approach strategy and alternative endovascular treatment technique rises success rate more then 90%;

- Hybrid treatment method with multidisciplinary team rises success rates in some TASC C & D lesions.