

## Successful Treatment of Acute Leg Ischemia With Hybrid Approach

Akut Bacak İskemisinin Hibrit Yaklaşımla Başarılı Tedavisi

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### İlgili Yazar

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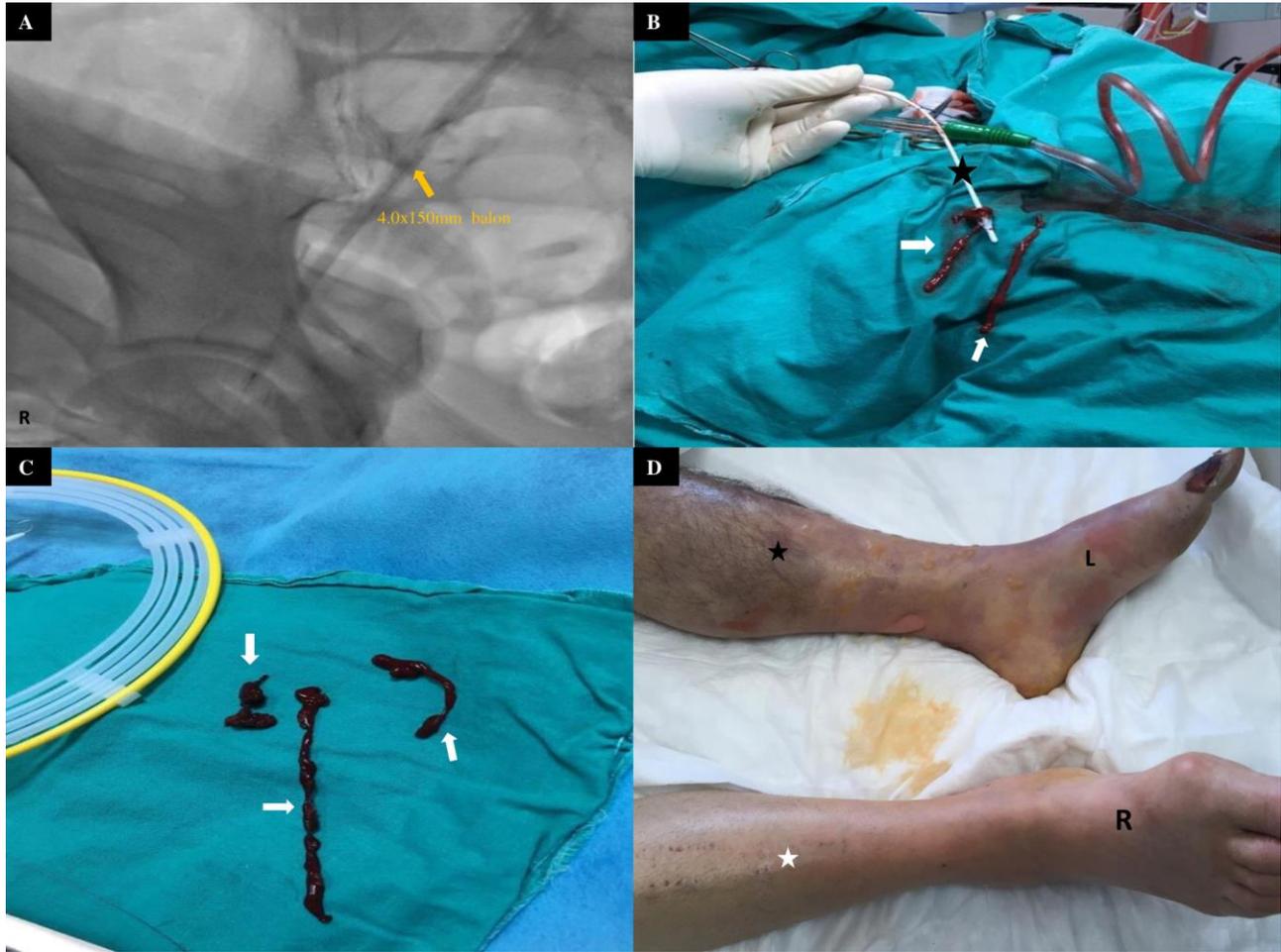
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A sixty-year-old male patient was admitted to our emergency department with left lower extremity pain. The patient had a history of bilateral femoropopliteal bypass operation 3 years ago, had smoking habit and no other disease except for Type-II diabetes mellitus. Patient was evaluated by bedside doppler ultrasonography and no flow was observed in the left popliteal artery and its distal. Because of this, the patient transferred to the catheter laboratory was found to have 100% occlusion of the left femoropopliteal graft, femoral artery and its distal, and intense thrombus in the contralateral peripheral angiography through the right femoral artery. Revascularization was not achieved with percutaneous approach and thrombolytic therapy. The patient was followed up daily by orthopedic team and prepared for left lower extremity amputation. In the 6th day of follow up, acute onset pain developed in the right lower limb, palpation showed loss of the popliteal artery and distal pulses. The thrombus developed secondary to arterial sheath in the right femoral artery in atherosclerotic zone and consequently it was thought to be thromboembolism in right femoropopliteal graft and its distal. Doppler ultrasonography showed no flow in the anterior and posterior tibial arteries. The patient was operated by cardiovascular surgery team for embolectomy. The right

femoropopliteal artery graft was incised proximally. However, inflow was not observed in the graft incision area. Successful embolectomy was not performed from the proximal anastomosis region of the graft with Fogarty catheter. The patient was taken to the catheter laboratory for right peripheral angiography. Angiography performed as retrograde through the graft incision site revealed that the right iliac artery had a total occlusion. Following, A 0.014 inch guiding wire (Choice 300 cm, Boston Scientific, USA) was pushed forward into the abdominal aorta by retrograde approach from the graft incision site. After determining that the guide wire was in the arterial lumen by the catheter injection, successive dilatations were performed using 4.0x150 mm balloon (Coyote, Boston Scientific, USA) (Figure 1A). It was seen that inflow of the graft improved after angioplasty. Thrombectomy was performed to the distal of the graft by sending a fogarty catheter (Edwards Lifesciences Corp., CA, USA) under fluoroscopy (Figs. 1B and 1C). After thrombectomy, the graft incision area was repaired by suturing by the surgical team. In follow up of the patient, the symptoms of the right lower limb were regressed, the legs returned to normal from the cyanotic color, and leg warmth increased by palpation (Figure 1D). Control Doppler ultrasonography also showed triphasic flow in arterial traces.

Acute extremity ischemia is a cardiovascular disorder that may begin with sudden arterial occlusion and may have catastrophic consequences and result in 10-15% of patients with limb amputation (1). The prevalence of peripheral arterial disease, which usually develops on the basis of atherosclerosis increases with age (2). Hybrid revascularization; endovascular treatment and open surgery combination can be used especially in reaching the occluded arterial segment in patients who do not have an alternative intervention site (3,4). And in this case, we successfully treated the native artery and graft thromboocclusion, which caused acute leg ischemia, by revascularizing with hybrid approach.



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