A Case Presentation A Review of Literatures

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CASE

- A 62 Y / O male PT.
- ► IDDM , HT , Ex-Smoker
- History of Aorto-Iliac occlusive disease for which <u>two balloon</u> <u>mounted kissing stents had been</u> <u>inserted at the bifurcation of the</u> <u>aorta and a one self-expandable</u> <u>stent in left EIA one year ago</u>

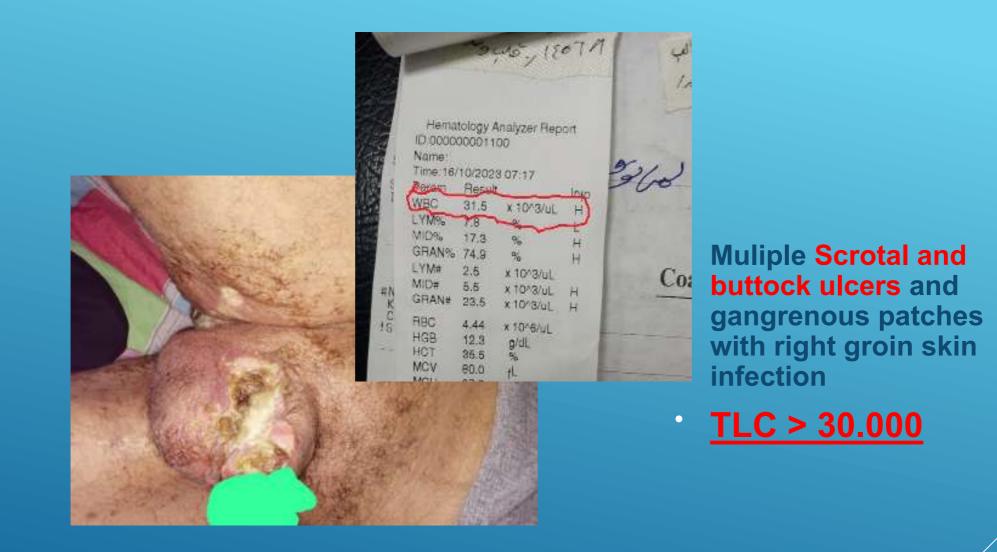


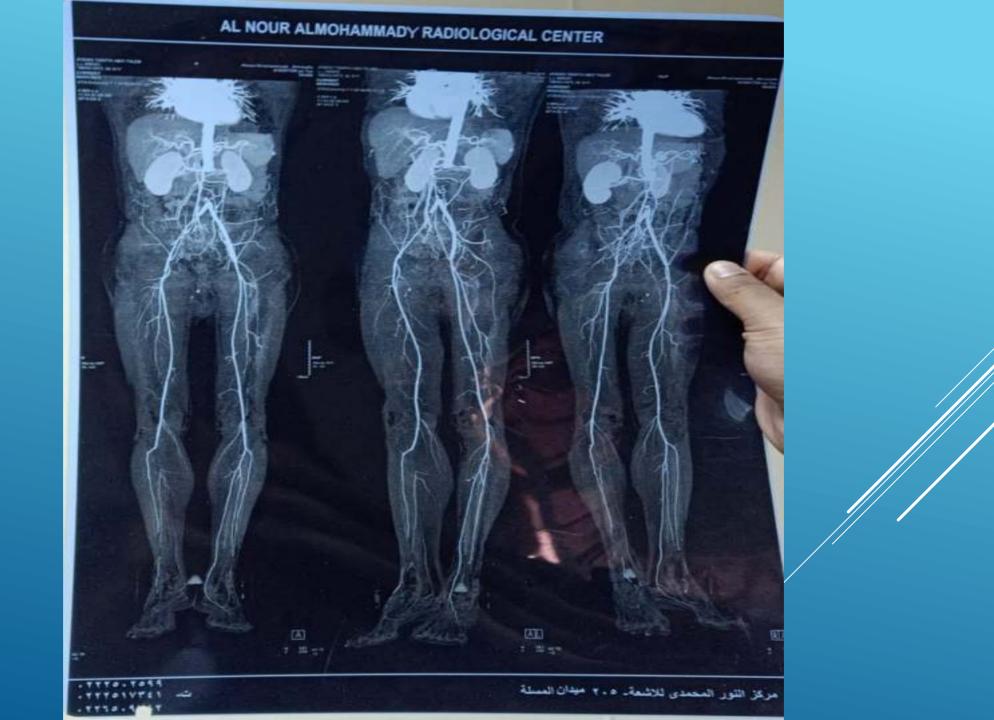
PRESENTED WITH :

- Bilateral CLI
 - Rest pain
 - Tissue loss
- Bilateral Absences of all pulses
- Rt. APSV < 20 Lt. APSV < 25











- Total occlusion of infra-renal aorta and both iliac stents
- Rest pain and tissue loss
- ► TLC > 30.000

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	10000		Isingy onit	
Pus Examinatio	n & C/S			
Source				
Granulea				
Pus cells /FOI		8 - 10		
Bacteria		Cocci		
Fungi Z.N stained film		Absent No AFB sect		
Others		Absant		
To Associate a		Contraction of the second s		
Gulture Grov	with of Pseudom	ionas spp.		
Antibiotics and Sensi	itivity :			
Senaltive				
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Ciprofloxacin	- Levaflaxacin- Otloxa	aciri- Lomefloxecin		CONTRACTOR ANY CONTRACTOR
Resistant				
Piperacillus-C	celexitin- Cofotaxime- zole/Trimethoprim	Celtazidime-Celtriz	ixone-Gentaraicin-	
<u>Culture</u> Growt	h of streptoco	cci		
Antibiotics and Sensitiv	vity :			
Sensitive				
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Resistant		Contraction of the Contraction of the	we out - udecychine	
Penicillin- Erythi	romycin- Azilhromyc	cin- Clarilhromycin-	Sulfamethoxazole/	rimethoprim- Doxycycline-
Tetracycline- Fu	isidic acid			uniteriophine Doxycycane-
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TELECOST (PORTO)				Reviewed By:
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WHAT TO DO



Review of Literature

- In literature for KISSING STENTS the midterm patency ranged from 58% to 80%
- Iliac ISR is a complex disease
- **Type I** : focal lesion
 - Type II : diffuse lesion
 - **Type III** : total occlusion

HISTOPATHOLOGY

An atherectomy specimen showed

- Myointimal hyperplasia
- Areas of intimal fibrosis
- Areas of atheroma and thrombosis
- Extracellular matrix accounts 50% with spongy texture explains the high recoil after balloon angioplasty

TREATMENT OPTIONS

Surgery In a Fit Patient





Type III total occlusion needs special **Wires**



<u>Abbot</u>

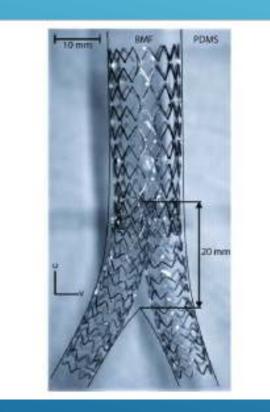




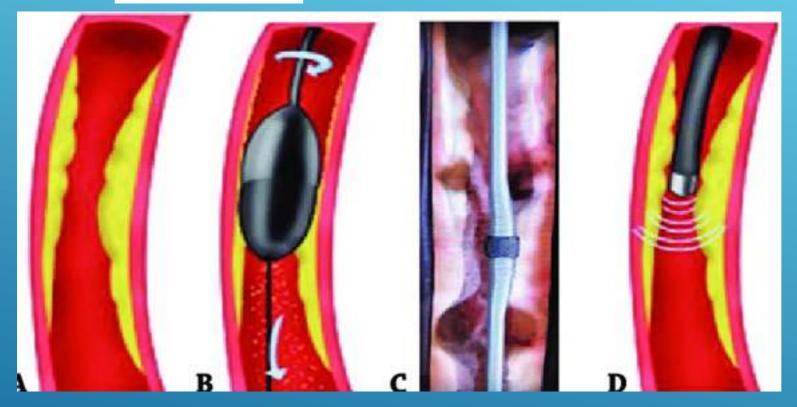
Balloon angioplasty with high recoil due to spongy matrix

Drug coated balloon

COVERED ENDOVASCULAR REPAIR OF THE AORTIC BIFURCATION (CERAB)



DEBULKING WITH OR WITHOUT STENTING



Directional atherectomy

Orbital atherectomy

Excimer laser

Back to the case

THE PROBLEM IS :

Total occlusion of infrarenal aorta and both iliac stents
Rest pain and tissue loss
TLC > 30.000





Antibiotics

Open surgery and Aorto – bifemoral graft BUT PUS OBTAINED FROM INSIDE THE AORTA SO DECISION SHIFTED TO

> Aortic endarterectomy and removal iliac stents





- Pt. tolerated the procedure well
- Palpable popliteal pulse bilaterally
- APSV > 50 bilateral
- Pt. underwent left below knee amputation and right toe amputation
- Discharged home 20 days P.O.



THANK YOU