Pedal Bypass With Deep Venous Arterialization: The More Application In The Special Ischemic Situations
Pramook Mutirangura, FRCS

As pedal bypass with deep venous arterialization has been used for the critical limb ischemia and non-reconstructable distal artery in our institute since 2002. We have been applying this technique for the special ischemic situations. Firstly, in the suprainguinal occlusive lesion type D, with no suitable distal artery run off and unfit general status for the major arterial reconstruction, axillo-pedal bypasses with deep venous arterialization have been successfully carried out in 2 patients with the complete healing of ischemic ulcer on the affected feet. Secondly, in acute dissection during balloon angioplasty of infrapopliteal artery for critical limb ischemia, femoro-pedal bypass with deep venous arterialization was immediately carried out in one patient. In this case, the acute ischemic situation on top of chronically critical limb ischemia was resolved with the complete healing of the fore-foot amputation.

From the experience in these special ischemic situations, it may be implied that pedal bypass with deep venous arterialization could be carried out through the long vascular conduit providing the adequate blood supply for critical limb ischemia. Furthermore, this technique could be applied in acute ischemic situation during endovascular procedure for critical limb ischemia as long as the venous beds in the pedal area and the foot could be served as the vascular channels to the distal ischemic tissue.

In conclusion, pedal bypass with deep venous arterialization may be applied to minimize the major amputation in both chronically critical limb ischemia and acute ischemic situation during endovascular procedure for critical limb ischemia.