Kissing Lithoplasty and DCB for Common Iliac Artery Stenosis

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Disclosures

• Consultant / Speaker / Proctor / Advisory Board
  - AstraZeneca
  - Bayer
  - Bolton
  - Boston Scientific
  - Cook
  - Cordis
  - CR Bard
  - Ev3-Covidien
  - Medtronic
  - Shockwave Medical
  - Spectranetics
  - TriReme Medical
  - Volcano
  - W.L. Gore & Associates

P.S. M, 71y

• Hypertension
• Heavy smoker (30 cig/d for 20y)
• Hypercholesterolemia
• Lt CIA stenting for severe stenosis (90%) @ 1y

USCD: Severe stenosis of both CIA
Occlusion of the left SFA (mid-distal portion)
Calcium everywhere

Bilateral buttock claudication (<50 mL)
Pain in the left leg

CTA
• Retrograde Rt CFA access
• Recanalization Lt SFA
• Retrograde Lt CFA access

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Localized Lithotripsy to Treat Vascular Calcium
Lesion modification using Lithotripsy in a balloon

**Sonic Pressure Waves are Tissue-selective:**
- Hard on hard tissue, Soft on soft tissue

Waves, unfocused and spherical in shape, travel outside balloon:
- Designed to disrupt both superficial, deep calcium
- Designed to normalize vessel wall compliance prior to controlled, low pressure dilatation
- Effective lesion expansion with minimized impact to healthy tissue
- Familiar Balloon-based endovascular technique
- “Front-line” balloon strategy (.014”compatible)

• Lithoplasty system (Shockwave Medical) Ø 7mm
Lithoplasty
- Left: 7.0 Shockwave balloon, 60 pulses @ 4 atm, 30 pulses @ 6 atm
- Right: 7.0 Shockwave balloon, 60 pulses @ 4 atm, 30 pulses @ 6 atm

DCB – In.Pact Admiral (Medtronic)
- Lt: 8.0x40mm
- Rt: 8.0x40mm

Inflation time 3min @ 8 atm.

Inflation time 3min @ 8 atm.

Post:
- 15% residual stenosis
- No dissection
Post:
• 15% residual stenosis
• No dissection

ABI: Rt 0.85 – Lt. 0.85
Medical therapy: DAP 4 mos

F.U. 6 mos

ABI: Rt 0.80 – Lt. 0.85

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