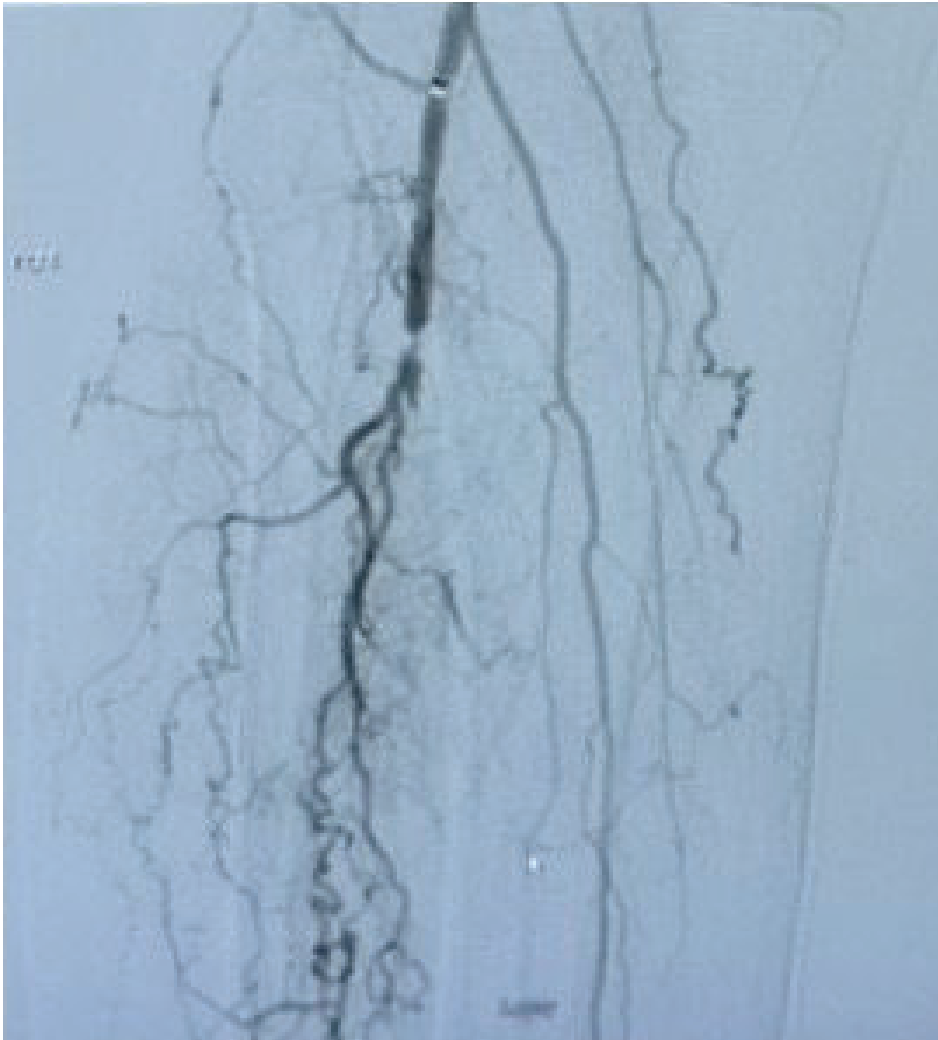


coraForce™ Provides Support for PT Occlusion

CASE HISTORY

A 71-year-old woman whose diabetic foot ulcer appeared a week earlier, was referred to our facility with emergent I&D for sepsis of the right toe. The patient had an ABI of 0.61 and an arterial ultrasound showed right popliteal stenosis of 90%, and occlusion of all three tibial vessels.

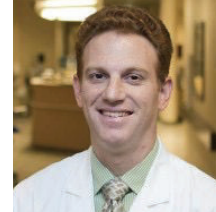


Baseline angiography

PROCEDURE

Ultrasound-guided cannulation of the left common femoral artery was obtained with a micro puncture technique and a 5-French sheath was advanced. An aortogram and right lower extremity runoff was obtained. The right femoral and popliteal segments were widely patent, except for the below-knee popliteal artery, which had a 99% pre-occlusive lesion with occlusion of the anterior tibial, tibial peroneal trunk, proximal posterior tibial and peroneal arteries, with reconstruction of the mid-peroneal artery and posterior tibial artery.

PHYSICIAN



Joseph M. Griffin MD

Vascular Surgery Specialist

*"Significantly increased
my success rate in crossing
heavily calcified CTOs in
all vessels"*

Dr. Griffin is a board-certified Vascular Surgery Specialist in Baton Rouge, Louisiana. He graduated in 2002 from Ross University School of Medicine, and completed his Residency and Fellowship at Louisiana State University. He is currently practicing at Baton Rouge General, a member of the Mayo Clinic Care Network.

PRODUCTS USED



coraForce™ Provides Support for Crossing



Post angioplasty

An 0.14 Choice™ PT wire and Trailblazer™ microcatheter were advanced through the 99% stenosis, but the Trailblazer was unable to cannulate any of the tibial vessel. The Trailblazer was exchanged for a Reflow Medical™ coraForce™ which was easily advanced through the flush occluded ostium of the posterior tibial (PT) occlusion into the mid PT. The Choice PT wire was exchanged for a ViperWire and a 1.25 CSI Crown was used to perform atherectomy followed by a 3.5 by 200 mm Medtronic RapidCross™ balloon inflation. A widely patent popliteal and PT artery with inline blood flow into the foot was obtained.

CASE CONCLUSION

Successful revascularization of flush chronic total occlusion of posterior tibial artery. The coraForce™ microcatheter was instrumental in enabling true luminal crossing and allowing enough pushability to easily traverse the CTO. This allowed for treatment which resulted in a widely patent popliteal and posterior tibial artery with robust inline blood flow into the foot.