Crossing Chronic Femoro-Iliocaval Occlusions With Cone Beam CT

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Nothing To Disclose

Developed in the 1990s, CBCT is capable of obtaining a detailed 3D dataset with a single 180-degree gantry rotation.

Early CBCT used standard image intensifiers but spatial resolution was too low to be clinically useful.

The development of FPDs replaced standard image intensifiers, improved spatial resolution and contrast, and further advanced clinical CBCT use.


Caval Occlusion from IVCF...
both iliac veins closed

Helped identify position of support catheter during recanalization procedure

Occluded IVCF for 43 years
Protein C deficiency
Caval Occlusion Accessed from above & below

Dyna CT Coronal

Tortuous Aorta – Bilat Iliac Arteries

Dyna CT Coronal

Dyna CT Axial
Dyna CT Frontal Oblique

Sharp Recan – Body Floss

Rigid Bronch Forceps

Final Endovascular Reconstruction 8 hrs later

CONCLUSION:
Early experience shows Cone beam CT helps delineate anatomy in difficult post-thrombotic iliofemoral recanalizations.