Incidence And Treatment Technique For Iliac Artery Rupture And Acute Limb Ischemia During Endovascular Treatment Of Aorto-Iliac Occlusive Disease

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Faculty Disclosure

Disclosure
Speaker name: Francesco Setacci, MD
I have the following potential conflicts of interest to report:
- Consulting
- Employment in industry
- Shareholder in a healthcare company
- Owner of a healthcare company
- Other(s)
✓ I do not have any potential conflict of interest

Background

Therapeutic options for total chronic occlusion of iliac axis have evolved during the past twenty years

de Vries SO, JVS 1997

Background

Although the surgical solution is still considered the most durable solution could be associated with higher complications

de Vries SO, JVS 1997
The indication for percutaneous interventions in aorto iliac disease can be extended to TASC C and D lesions.

Despite the best postop comfort, TASC D lesions hide great dangers. Complications 24%.
Treatment Technique

Clinical Case

- 60 yrs female
- CAD
- COPD

Clinical Case

4 F micro sheat
brachial
5 F long sheat

Clinical Case

4 F micro sheat
femoral
5 F sheat

Clinical Case

Iliac Rupture

Iliac Treatment
**Femoro-popliteal axis occlusion**

Over the wire Fogarty embolectomy

**Discussion**

The Surgical Approach was considered until today the best and more durable treatment for TASC D iliac lesions

**Discussion**

However open surgery is hampered by high rate of post-operative mortality and mortality

**Discussion**

The indication for percutaneous interventions in aorto iliac disease can be extended to TASC C and D lesions in experienced endovascular centers

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Thank you!!!