

POPLITEAL ARTERY CLAUDICATION INTERVENTION WITH THE SILVERHAWK™

OPERATOR:

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CLINICAL HISTORY:

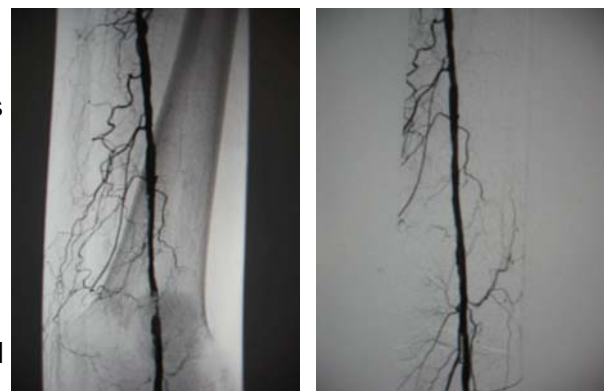
This 63-year-old diabetic African-American woman presented with complaints of bilateral lower extremity claudication after walking for about 10 minutes. She is a former smoker. She has already tried exercise and noninvasive interventions and requested an arteriogram and possible intervention.

On examination, she had 2+ radial and brachial pulses, 1+ carotid pulses, and 2+ femoral pulses. Her left popliteal and dorsalis pedis pulses were 1- and no pulse was felt in the posterior tibial area. Her right popliteal, dorsalis pedis and posterior tibial pulses were 1+. Noninvasive testing showed an ankle brachial index of 1.03 on the right and 0.65 on the left. The waveforms were suggestive of superficial femoral disease. An exercise study showed a significant drop in her left lower extremity ABI of 46%, correlating with aortoiliac disease.

PROCEDURE:

An aortogram with bilateral run-off was performed. Angiography revealed popliteal disease with a 90% stenosis in the distal superficial femoral artery.

The FoxHollow MS SilverHawk™ Peripheral Catheter was passed through a 7 French Cook Flexor® Check-Flo® Introducer-Raabe sheath over an ASAHI Grand Slam™ 0.014" wire and used to excise plaque from the diseased segment of the popliteal. A 2 cm long high-grade stenosis was significantly improved upon first insertion with four SilverHawk™ passes made in 90° quadrants. A second insertion was performed to remove plaque from a proximal 4 cm, 50% stenosis with excellent results. Less than 10% residual remained upon completion.



PRE-SILVERHAWK

POST-SILVERHAWK

CONCLUSIONS/RESULTS:

Post-procedurally, the left SFA was widely patent with strong flow and no significant residual stenoses or flow-limiting dissections. The patient is noted to have nice two vessel run off. The patient tolerated the procedure well and was discharged on clopidogrel 75 mg daily.