CASE STUDY
Management of Popliteal Occlusion

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CLINICAL CASE

- 73-year-old male patient
- > 8 cm left leg distal superficial femoral artery (SFA) and proximal popliteal artery occlusion
- Moderate claudication, walking distance of 300 meters
- ABI left: 0.75
- Angio: Popliteal artery above knee occlusion. Patent distal popliteal artery with three crural vessel runoff

REVASCULARIZATION STRATEGY

- Ipsilateral access via antegrade common femoral artery puncture
- Popliteal occlusion crossed under aspiration using a 7 Fr guiding catheter
- All interventional devices carefully maintained inside true lumen
- Pre-dilating of the popliteal segment was not necessary
- A 6 mm x 100 mm GORE® TIGRIS® Vascular Stent chosen due to complex movements (e.g., bending, compression) of the popliteal artery
- Post-dilation performed using a 5 mm non-compliant balloon

PROCEDURE FOR SFA, POPLITEAL STENOSIS

Figure 1: Pre-Intervention Angiogram
Figure 2a: Pre-stent deployment DSA image.
Figure 2b: Fluoroscopic image of a GORE® TIGRIS® Vascular Stent in P1-segment before balloon angioplasty.
Figure 2c: Final angiogram (post-deployment and post-dilation). Treated vessel shows no residual stenosis with good outflow in patent crural vessels.
CONCLUSION

The popliteal artery is exposed to complex movements (e.g., bending, compression).

“The GORE® TIGRIS® Vascular Stent is very resistant to kinking and fracture, and offers a unique combination of flexibility and heparin-bound technologies. More than 200 patients have been treated successfully at our department over the last 18 months with this device. Due to its resistance to elongation, the stent can be easily and precisely deployed. The GORE® TIGRIS® Vascular Stent design is an excellent option for PTA treatment in movement segments.”

— Reinhold Tischler, MD

Angiographic image following PTA and GORE® TIGRIS® Vascular Stent implantation. Angiograms of 90° bent knee are used to ensure good hemodynamic outcomes.

“The stent mimics the natural course of the vessel without straightening it. There is no unnatural kinking of the stented artery and its adjacent segments.”

— Reinhold Tischler, MD

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