

Which treatment option should be used?

A 62-year-old woman with left leg critical limb ischemia was referred for a lower extremity angiogram. Her past medical history was remarkable for a known peripheral arterial disease and diabetes mellitus. Her arterial blood pressure and heart rate were 120/70 mm Hg and 93 beats per minute, respectively. Her laboratory values were within normal levels. A diagnostic peripheral angiogram demonstrated chronic total occlusion of the left superficial femoral artery (SFA), and percutaneous balloon angioplasty through the contralateral femoral approach was planned (Fig. 1a). The right femoral artery was accessed with 7 Fr sheath, and an internal mammary artery catheter was advanced over a 0.035-inch hydrophilic wire to the aortic bifurcation and torqued to gain access to the left iliac artery. However, the wire inadvertently entered a side branch of the left iliac artery (Fig. 1b). The wire was withdrawn and was advanced through the SFA. After crossing the lesion with the hydrophilic wire, a successful dilatation with 5 mm–50-mm peripheral balloon of the SFA was performed and distal flow was restored (Fig. 1c). Two hours later, she complained of lower quadrant abdominal pain. Then, an emergency computed tomography scan was performed, showing an intrapelvic hematoma next to the urinary bladder (Fig. 1d). A decline in the hemoglobin (from 12.8 g/dL to 8.7 g/dL) level and hypotension were identified.

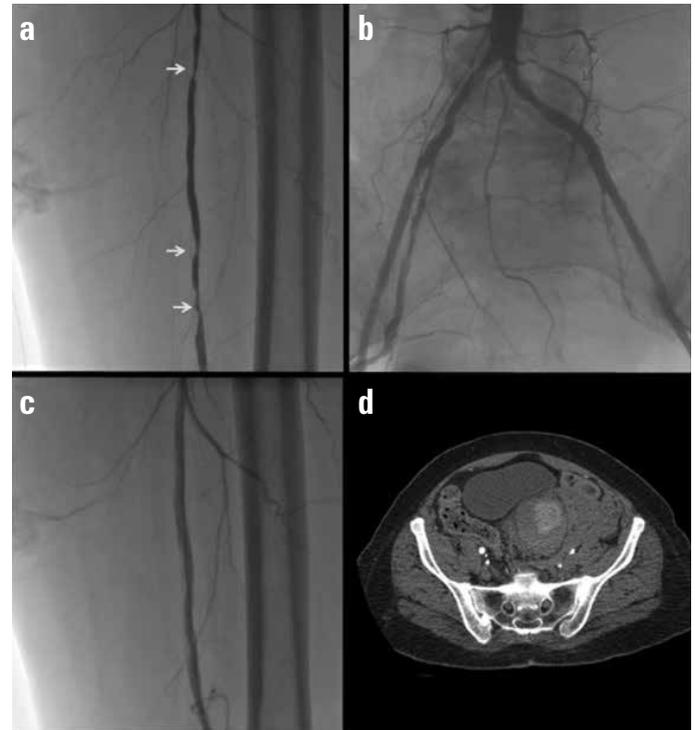


Figure 1. (a) Left lower extremity angiogram showing diffuse SFA stenosis (arrows). (b) Side branch of the left iliac artery (arrows), which was inadvertently entered, was seen. (c) SFA was demonstrated after balloon angioplasty. (d) CT image showing an intrapelvic hematoma (dotted line)

Which treatment options should be used?

- Occlusion coil of the side branch that derives from left iliac artery and is responsible for bleeding
- Occlusion of the side branch that is responsible for bleeding by the implantation of a covered stent graft in the left iliac artery
- Medical treatment and follow-up
- Surgical management

Answer: p. 229

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