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Multidisciplinary European Endovascular Therapy

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# BTK recanalization... Styles around the word

## **The hocus-pocus Japanese style**

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# Disclosure

**Speaker Name: Tatsuya Nakama MD.**

.....

I have the following potential conflicts of interest to report:

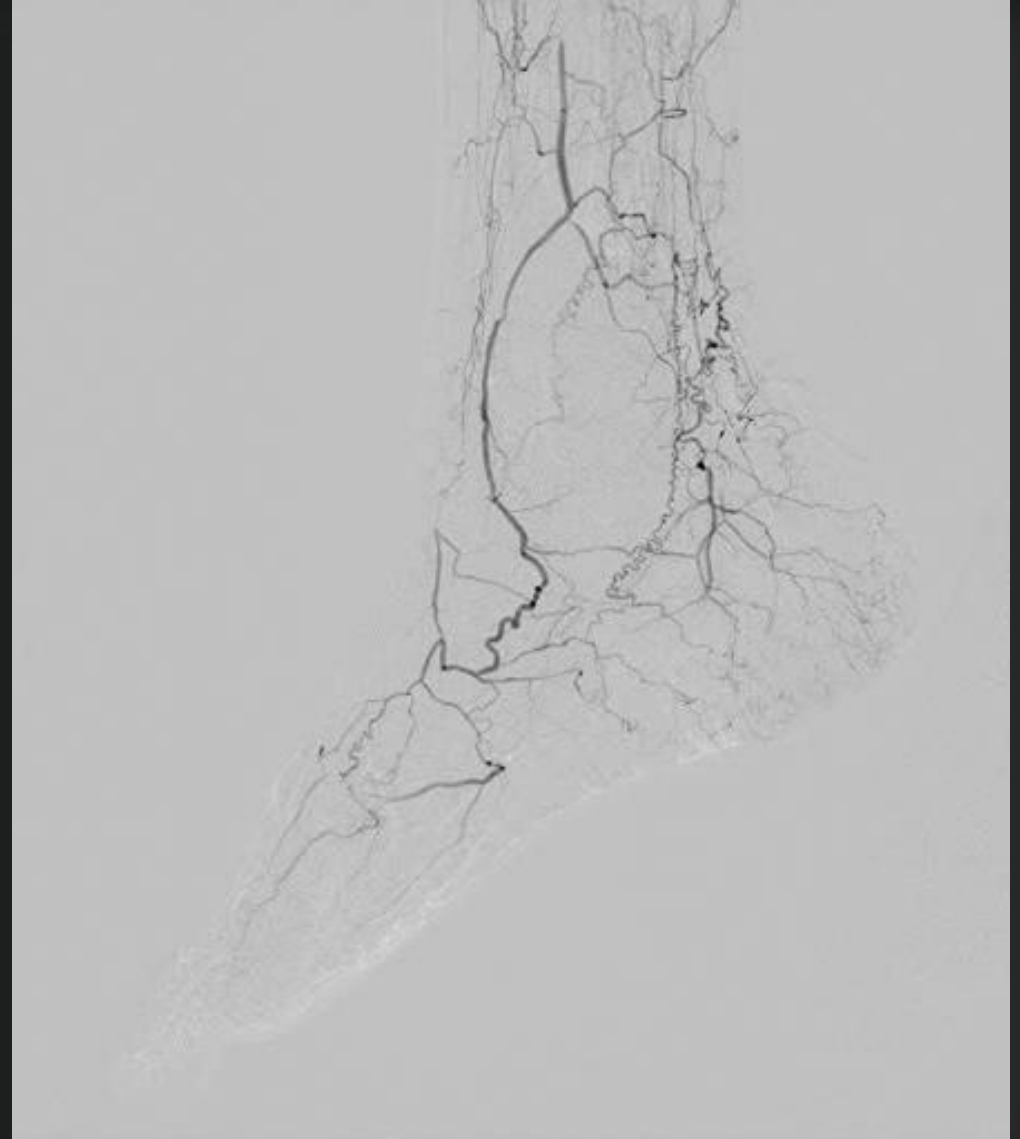
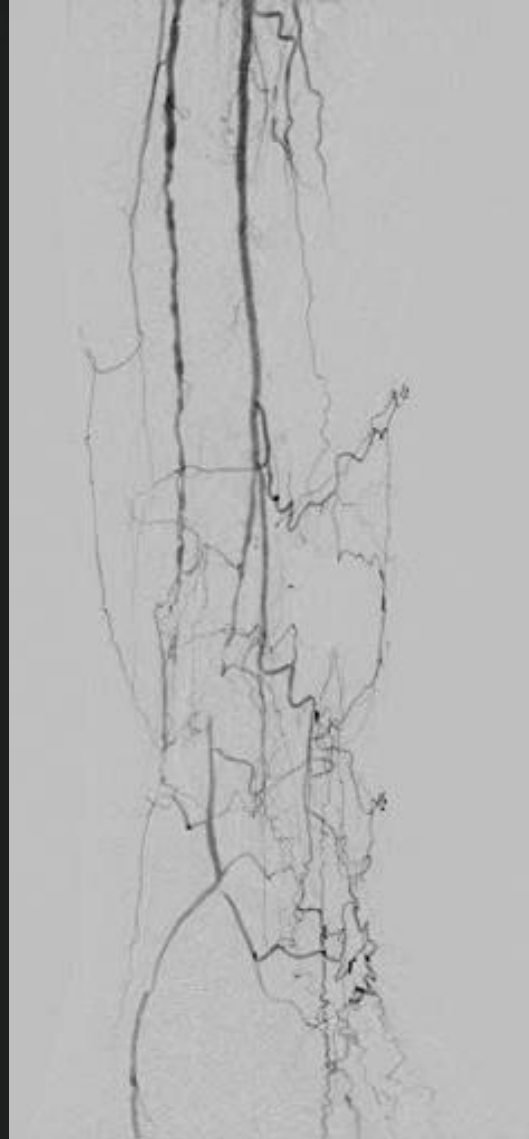
- **Consulting:** Boston Scientific Japan, Century Medical Inc. TORAY
- Employment in industry: None
- Stockholder of a healthcare company: None
- Owner of a healthcare company: None
- **Other(s): Honoraria recieved from**
  - Abbot Vascular, Asahi Intecc., Boston Scientific, COOK, Cordis, NIPRO, KANEKA, Lifeline, Medikit, Medtronic, Orbus Neichi, Terumo,

# Case introduction: 80s female, CLTI (R5)

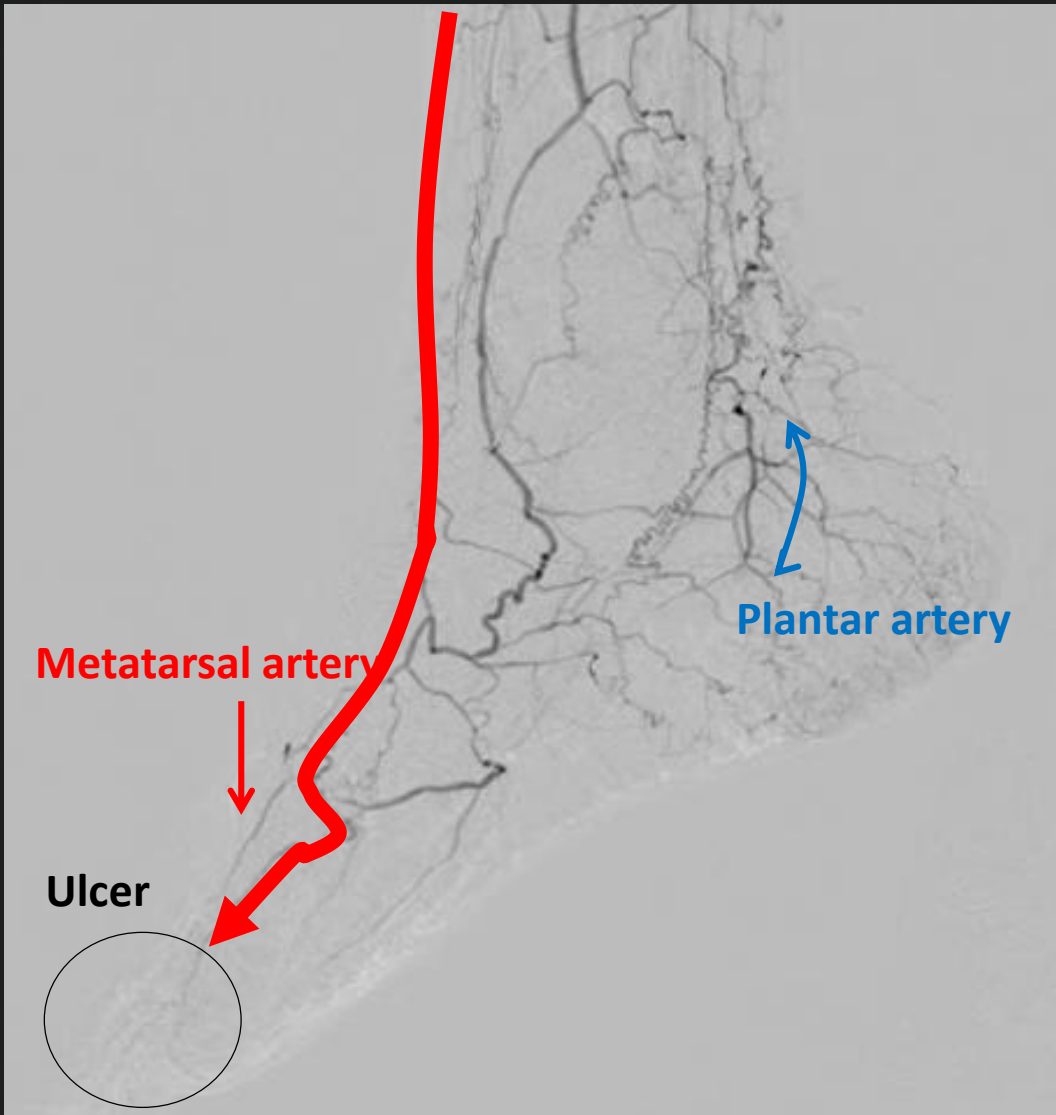


- Multiple unhealed toe ulcerations
- W: 1, I: 2, FI: 1  
→ Clinical stage: 3
- DM (HbA1c 7.8)
- ABI: 0.80
- SPP: 20/16 mmHg

# Control angiogram



# Problem 1: Which artery should we treat?



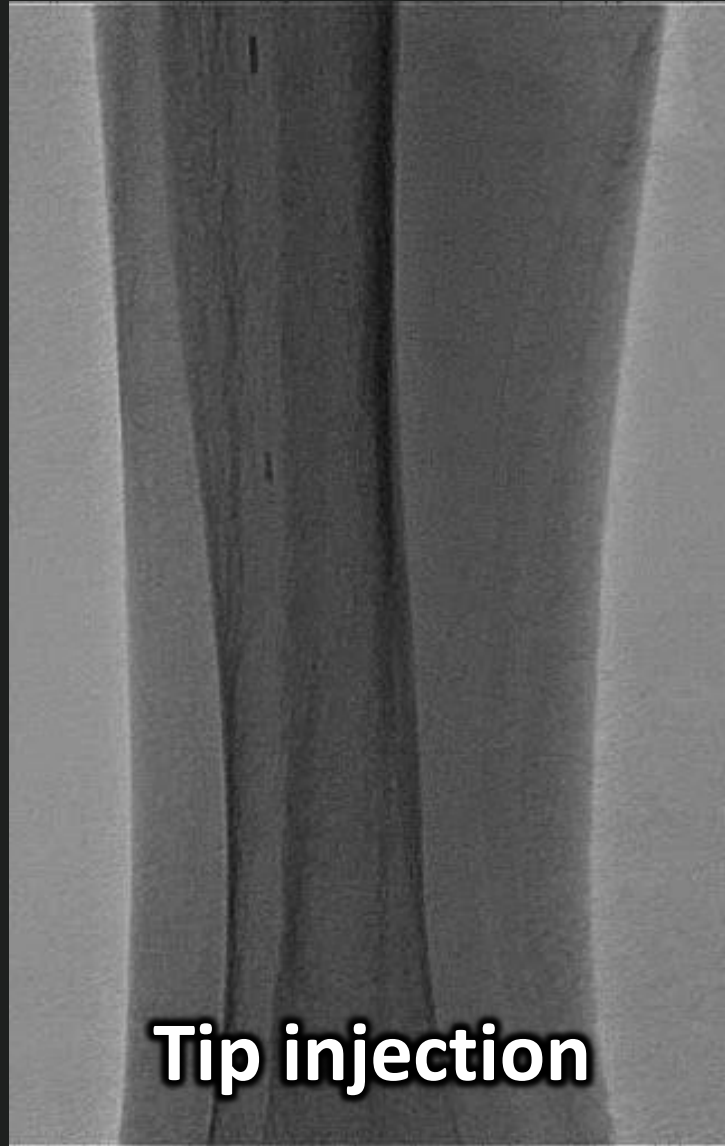
Metatarsal artery and proximal part of plantar artery were opened

Direct flow is not always necessary. But if possible, direct flow is better than indirect flow

→ **ATA recanalization is reasonable**



# Antegrade 0.014 GW go down to subintima



**Retrograde approach should be needed**

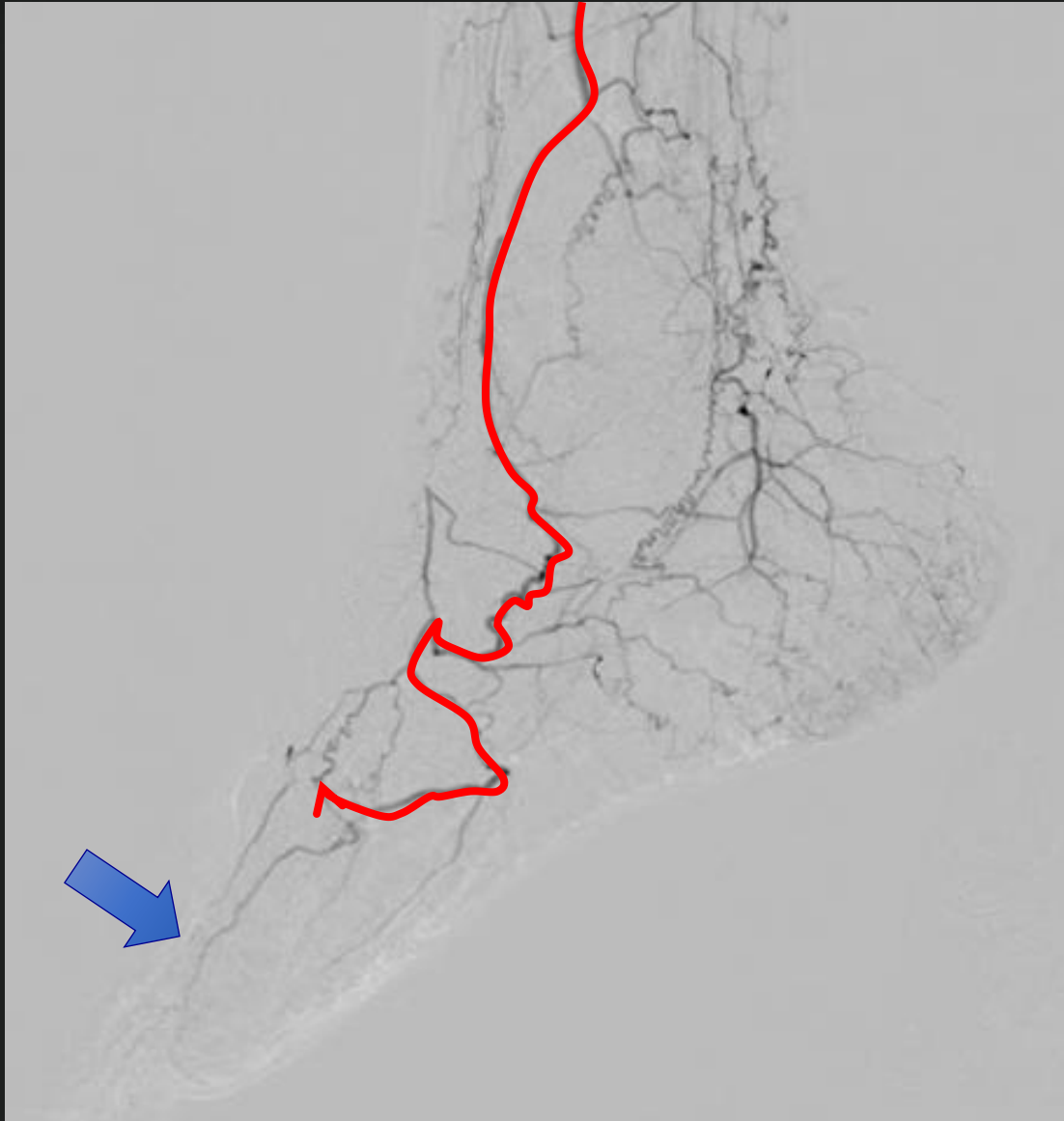


# Problem 2: Retrograde access technique

How do we set up the retrograde system??



# Both strategies are too complex...



## Which is better strategy?

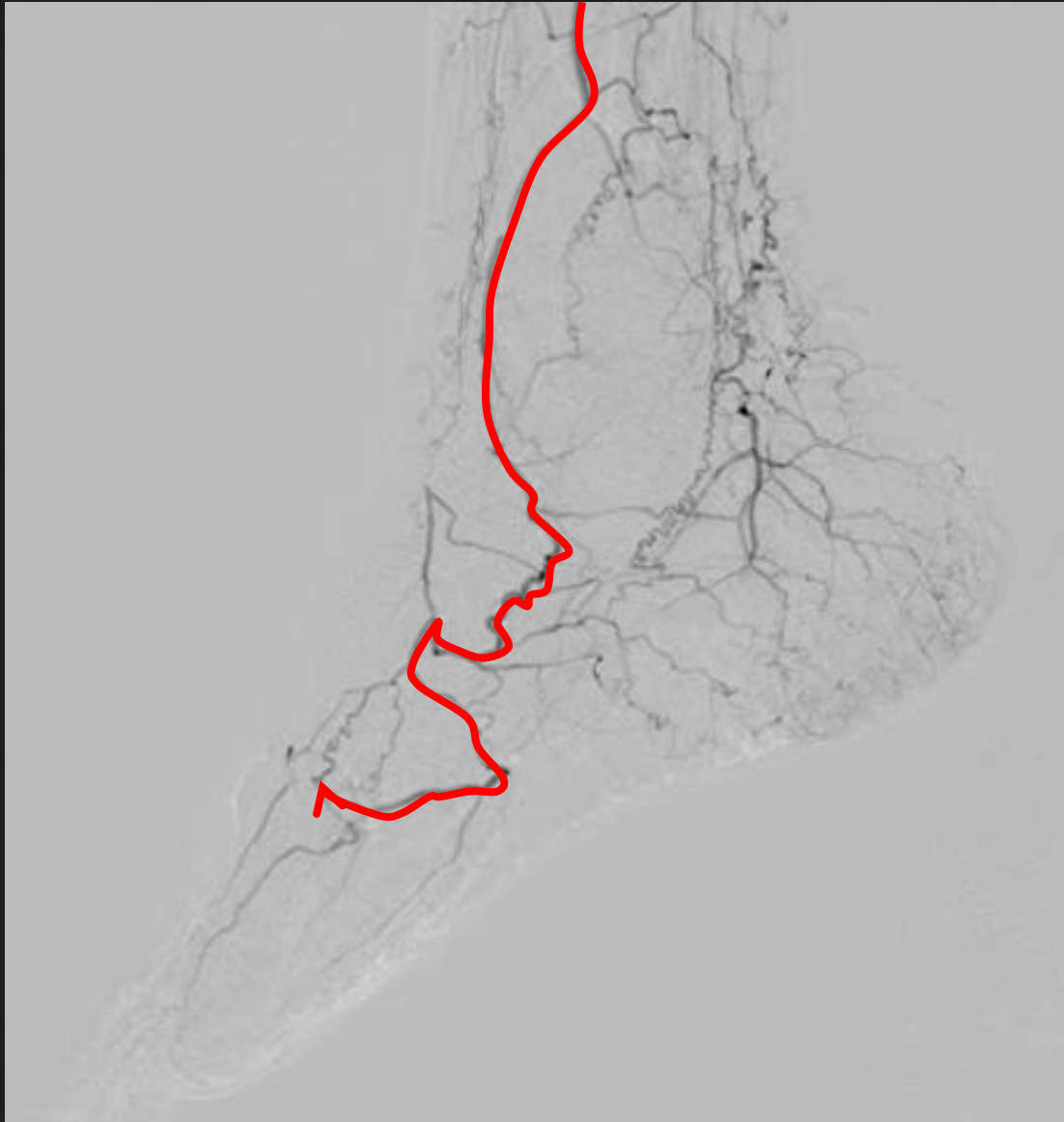
**Trans-collateral approach**  
too complex & channel length is long

**Distal puncture**

Metatarsal puncture is required to establish the retrograde approach



# TCA was done as a retrograde approach



## Trans-collateral approach

Microcatheter:

Corsair (2.6Fr)

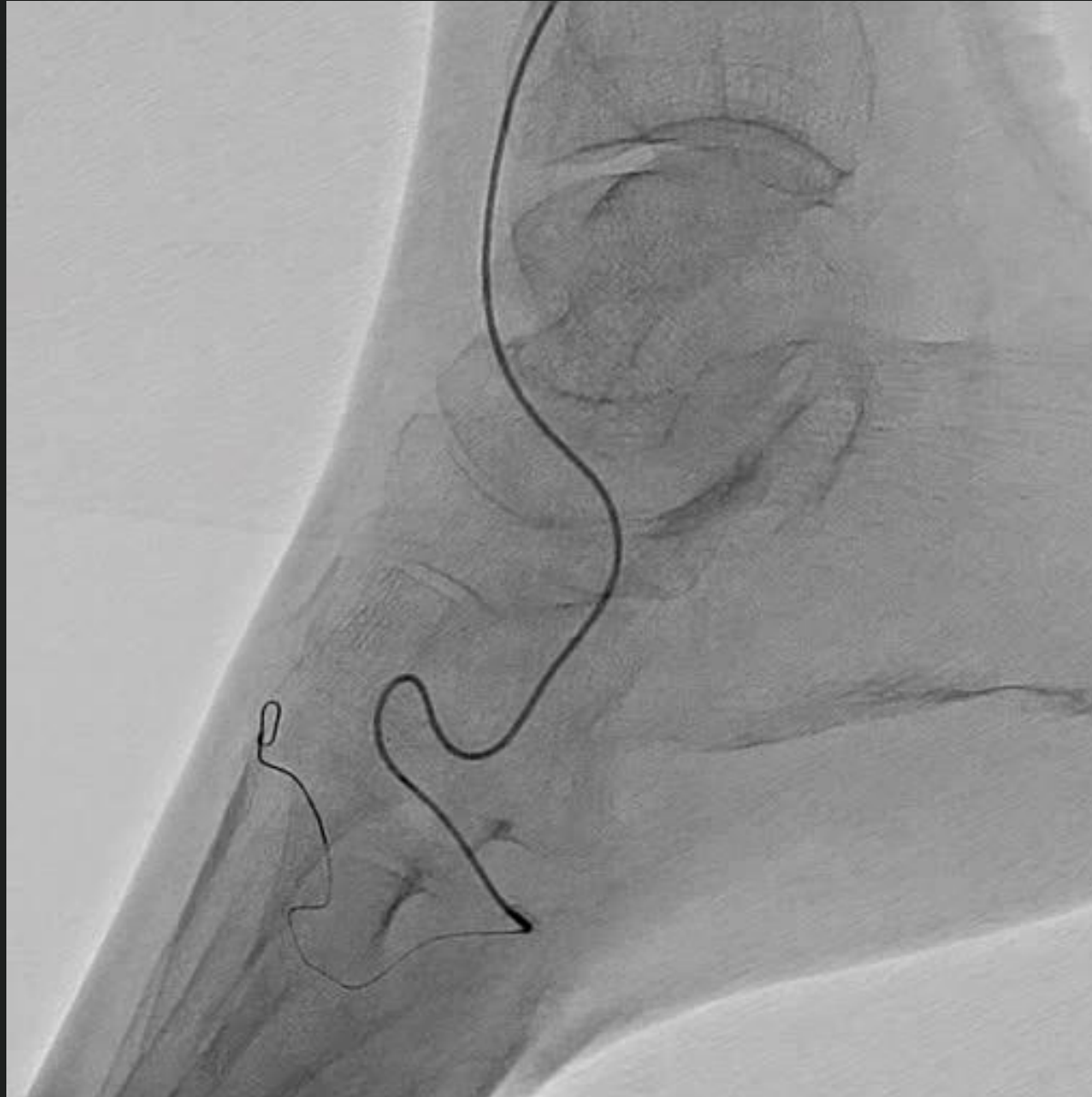
(Originally from coronary retrograde approach)

Guidewire:

Regalia XS 1.0

(0.014-inch polymer jacket GW)

# TCA was done as a retrograde approach



we could not manipulate the Retrograde GW

**Antegrade**  
Atrato XS 9-12  
(0.014inch GW)

I **gave up** the  
procedure in  
this session...



After a few days, 2<sup>nd</sup> session was done

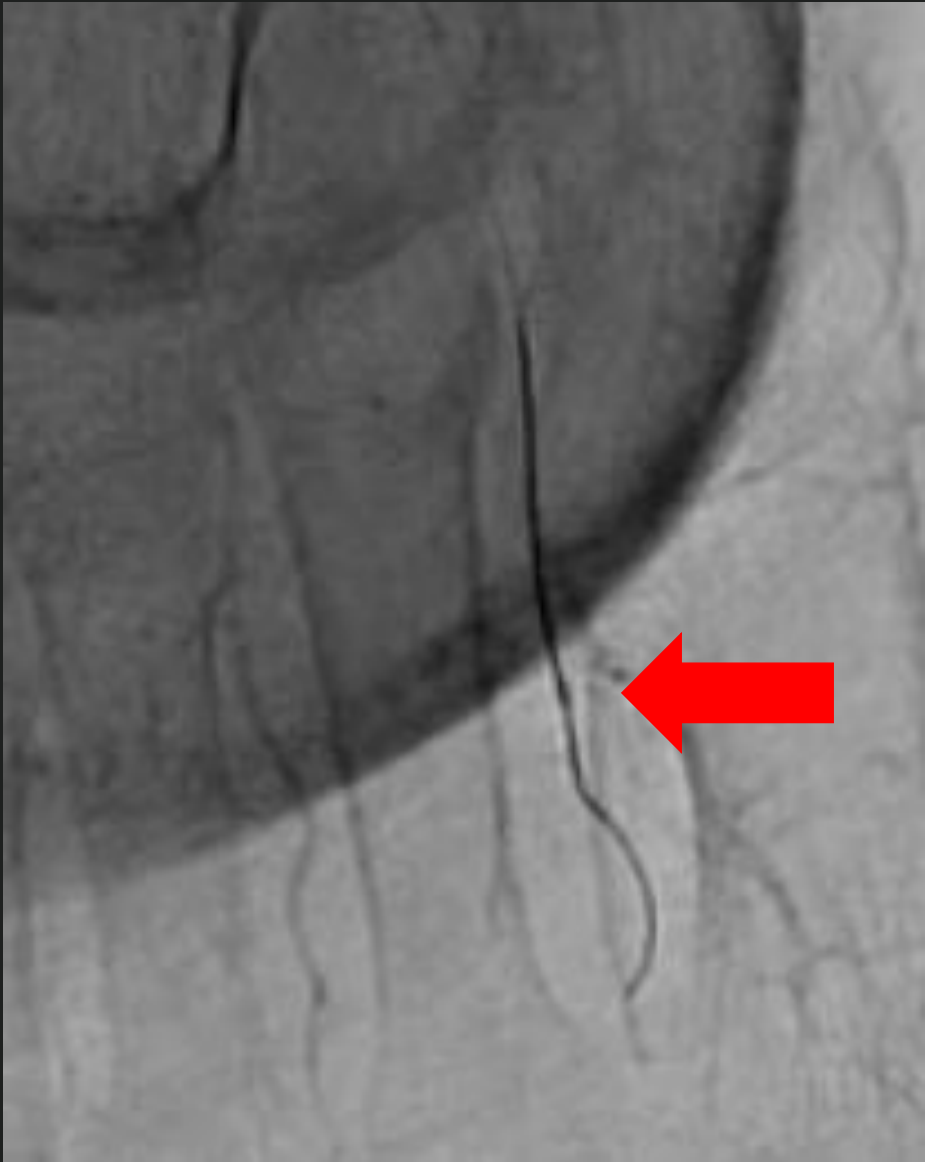
# Antegrade approach in 2<sup>nd</sup> session

**Retrograde  
approach  
should be needed**





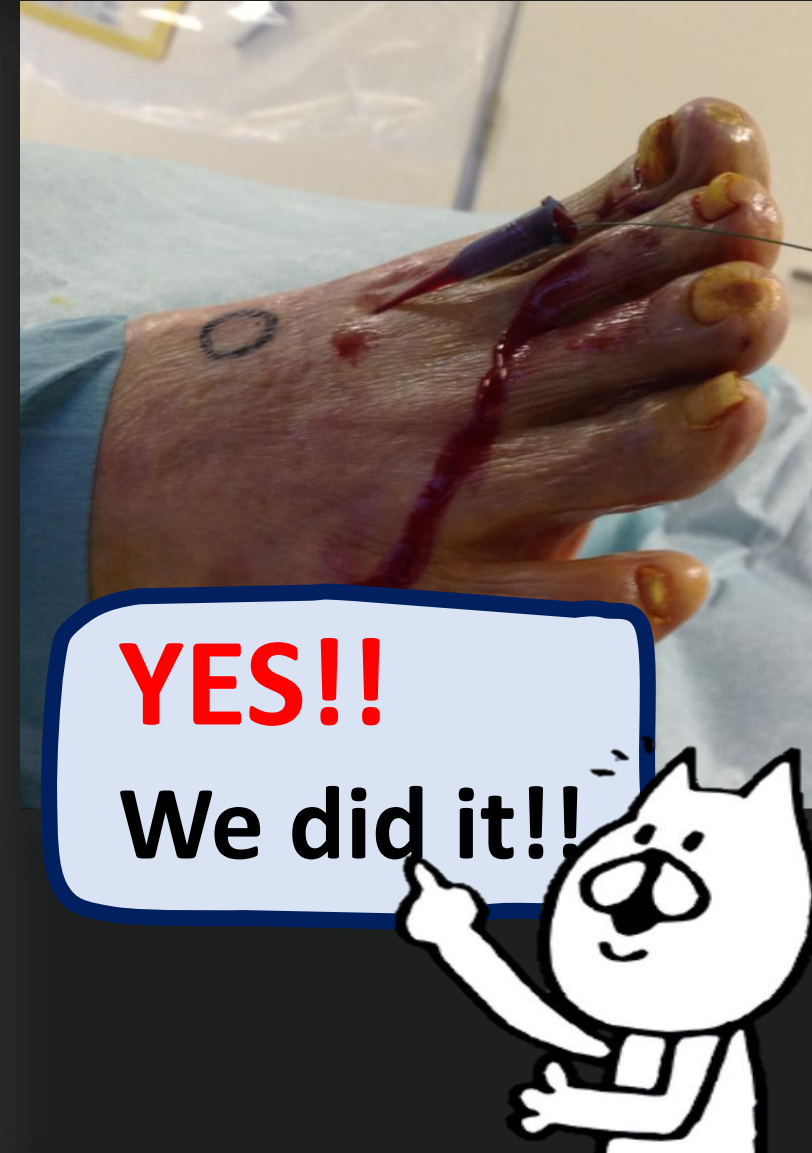
# Metatarsal puncture would be needed



# Metatarsal artery puncture was done!



AP + slightly cranial



**YES!!**

**We did it!!**





# Bi-directional wiring and Rendezvous



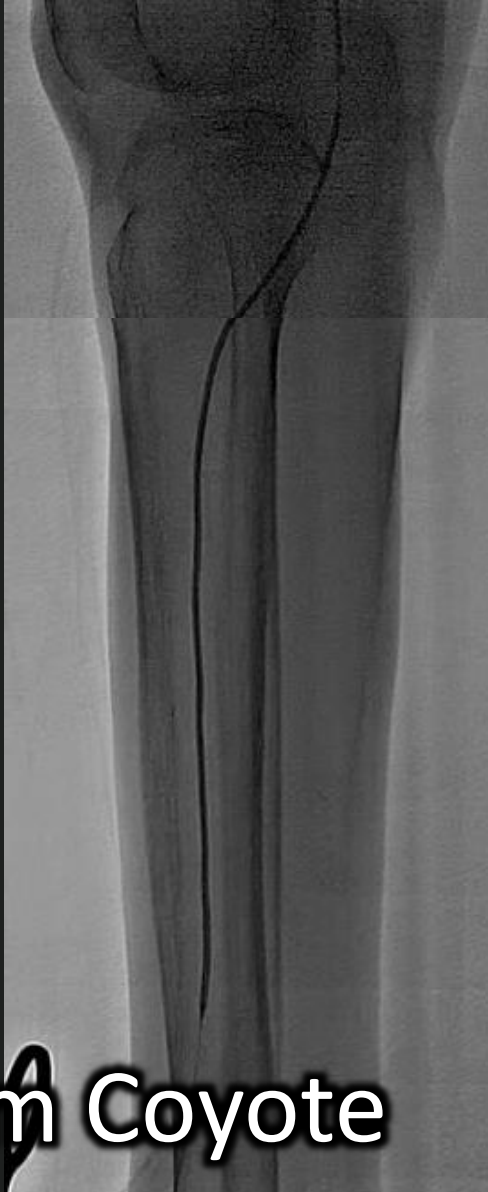
**Antegrade  
micro catheter**

# Bi-directional wiring and Rendezvous





# POBA for ATA and Dorsal artery



Due to **insufficient outflow...**





# Problem 3: What should we do???

How to make sufficient outflow??



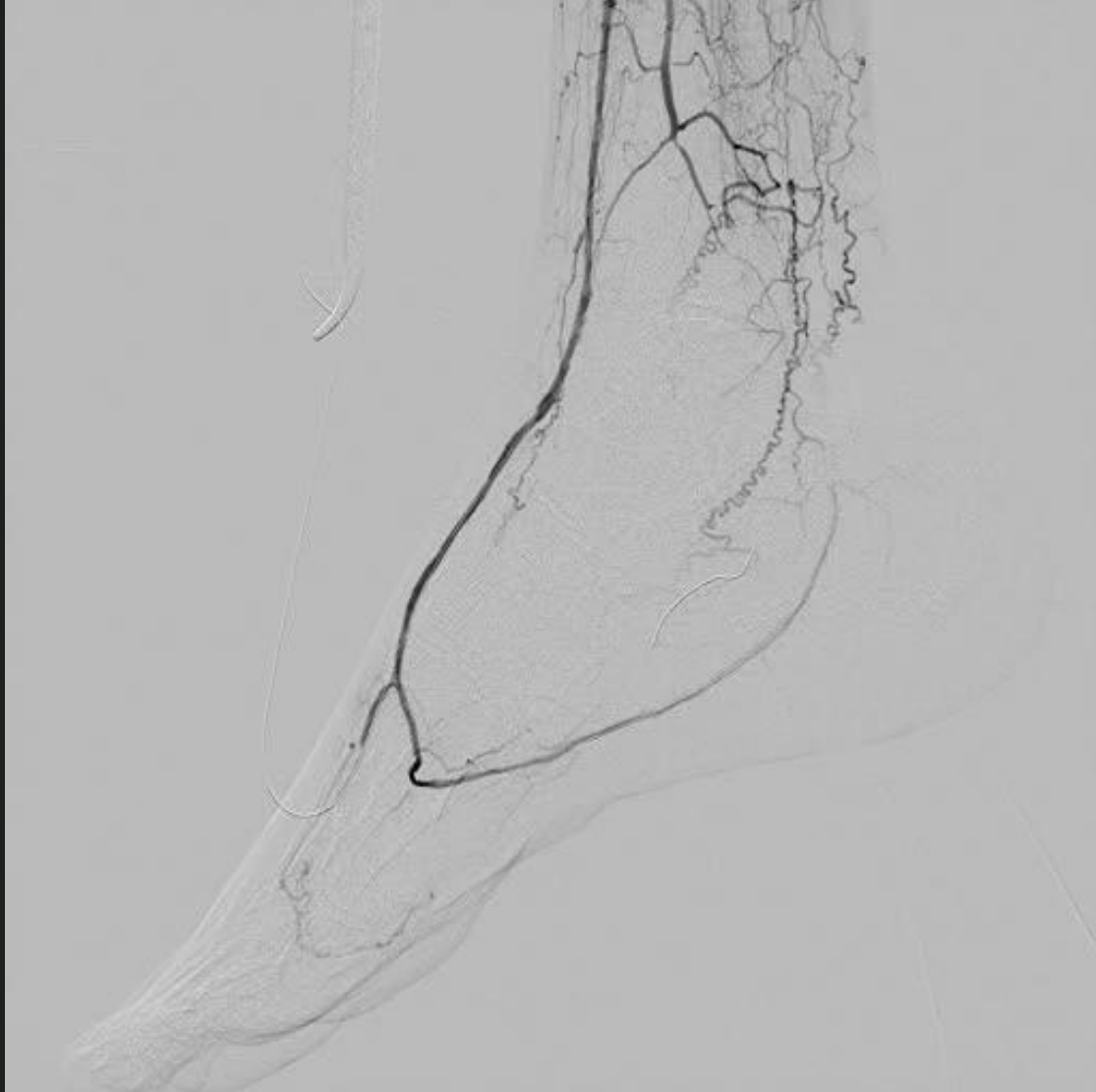
**Pedal angioplasty**  
**was performed**



# Pedal artery angioplasty with 2.0x220mm



# After pedal revascularization

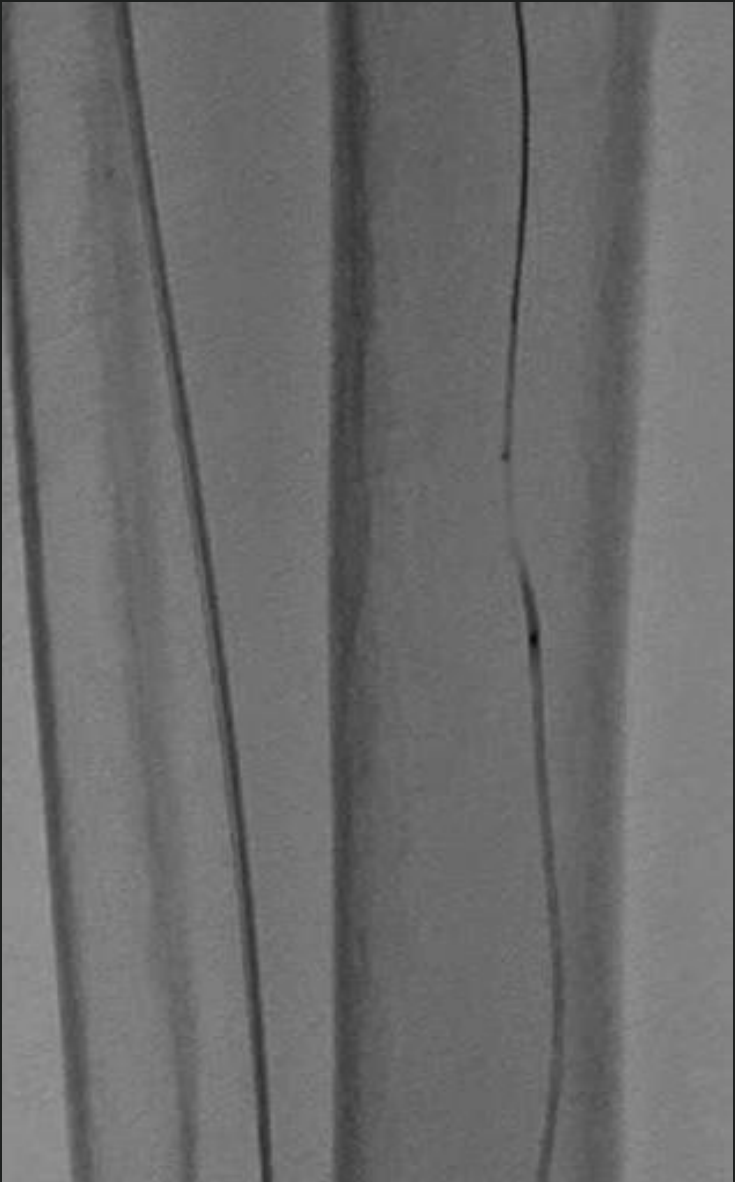


**As many as possible**  
is always better  
than one

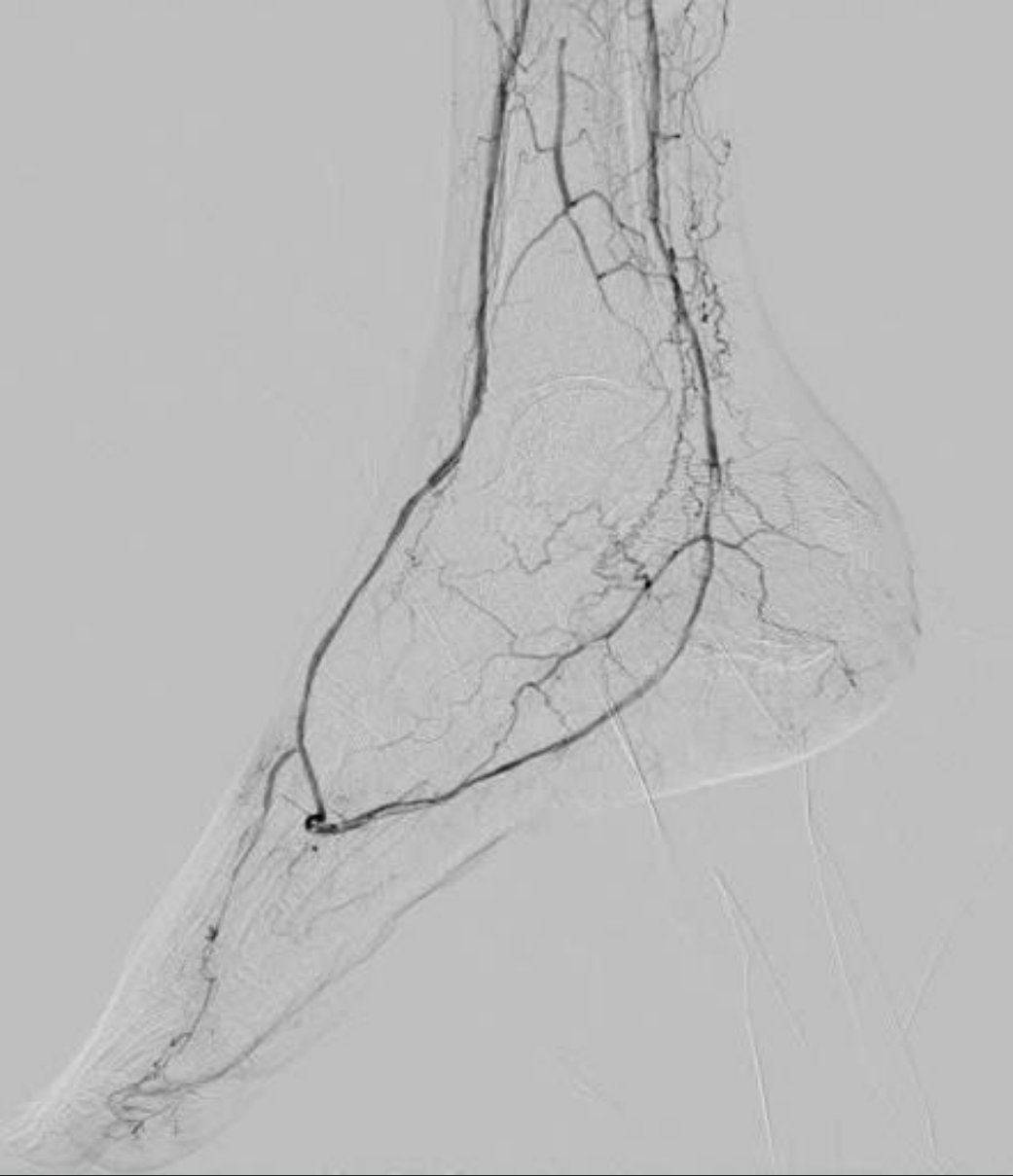




# PTA revascularization using trans-pedal access



# PTA revascularization using trans-pedal access





# Perfect clinical course!!



**Excellent!**



# Summary of the hocus-pocus Japanese style

- Challenging EVT was done for CLTI patient with **both tibial CTO and type 3 pedal**.
- After the failed TCA, **metatarsal puncture** was conducted for retrograde approach.
- Impaired flow was observed due to **insufficient outflow**.
- **Pedal artery angioplasty** was demonstrated to make sufficient outflow
- Finally, **both tibial** arteries were successfully recanalized
- Patient's clinical course is **perfect**



# JET

Japan Endovascular Treatment Conference 2020

# 2020

**Date** February **21** (Fri) - **23** (Sun), 2020

**Venue** Knowledge Capital Congrès Convention Center

Grand Front Osaka, 3-1 Ofukacho, Kita-ku, Osaka 530-0011, Japan

**Chairman of the executive committee**

**Osamu Iida** (Cardiovascular Center, Kansai Rosai Hospital)



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TRACK**

**CLTI  
TRACK**

**PAD  
TRACK**

**AORTIC  
TRACK**

**VENOUS  
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**Japan  
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2020**

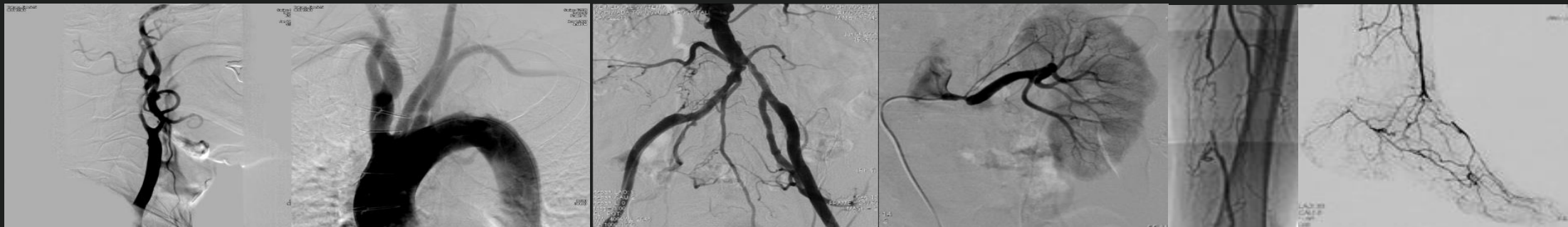
**Feb 21(Fri)-23 (Sun)**

**Knowledge Capital Congress Convention Center**

**Grand Front Osaka, Osaka, Japan**

**Executive Committee Chairperson of JET2020**

**Osamu Iida (Kansai Rosai Hospital, Amagasaki, Japan)**



**Thank you for your attention**

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