Deployment of a SUPERA stent in a dissected lesion in the axillary artery

A 71-year-old male patient with a history of lower extremity peripheral artery disease had presented to another hospital with an intermittent arm claudication. A dissected lesion extending from subclavian artery into axillary artery was demonstrated during peripheral angiography. The lesion did not limit the blood flow, thus the patient was prescribed aerobic exercise program. Three months later the patient presented to our hospital and stated that the severity of the pain did not reduce despite adherence to the prescribed exercise program. An endovascular intervention to the dissected lesion in the subclavian artery was decided after analyzing the prior peripheral angiography. A SUPERA stent was chosen to be deployed in the dissected segment to prevent higher risk of stent restenosis and fracture. Right brachial artery was preferred as access site because of the history of lower extremity peripheral artery disease. Brachial artery was cannulated using the 6 French (F) sheath. The dissected lesion in the axillary artery extending into the subclavian artery was observed during the diagnostic peripheral angiography (Fig. 1a). The catheter premounted with SUPERA stent was advanced over the wire until it was ensured that the stent completely covered the target lesion. A 6.0×80 mm SUPERA stent was successfully deployed in the lesion (Fig. 1b, 1c). Post-dilation with a 6.0×80 mm was performed. Final result was optimal (Fig. 2; Video 1) and the patient was discharged; he was prescribed dual antiplatelet regimen consisting of acetylsalicylic acid and clopidogrel for 6 months.

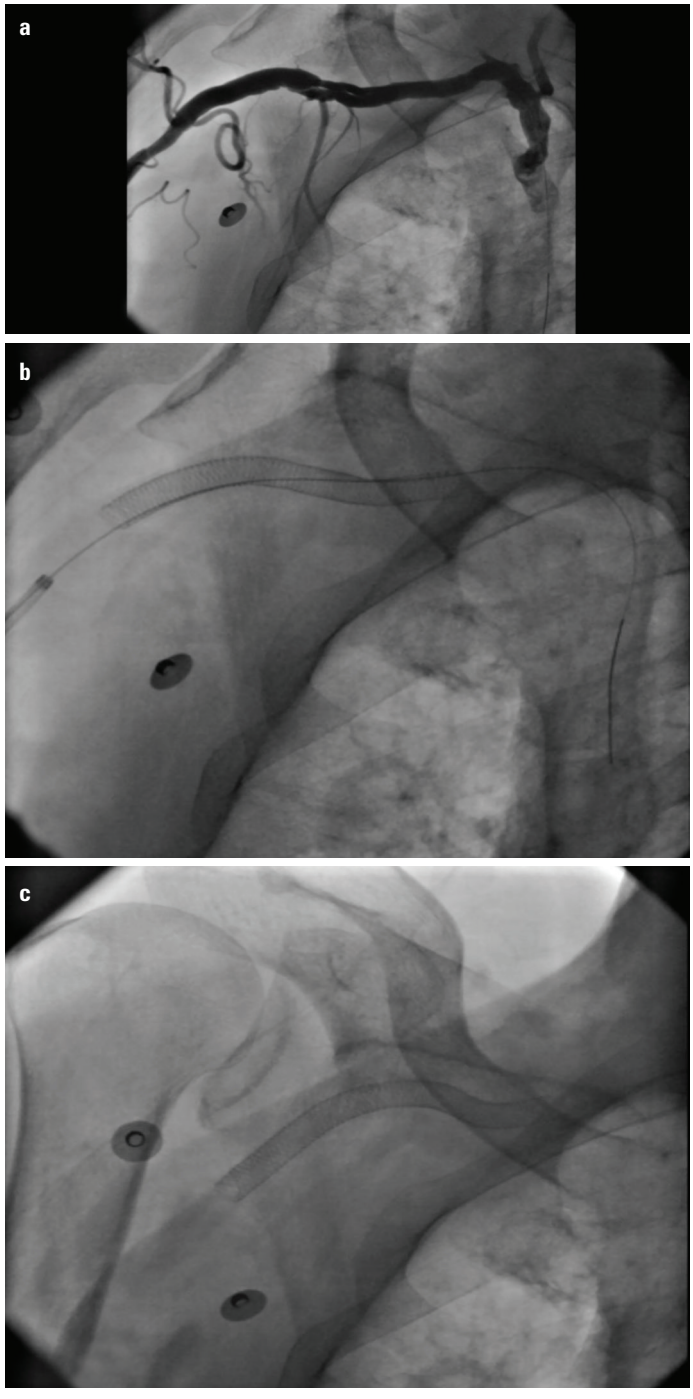

Figure 1. (a) The dissected segment extending from subclavian artery to axillar artery. (b, c) A SUPERA stent was successfully deployed in the dissected segment

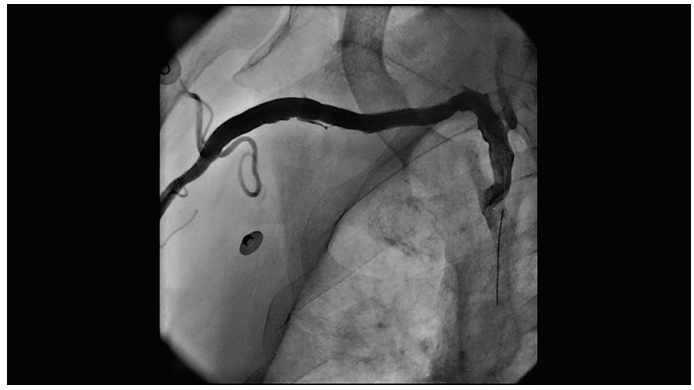

Figure 2. An optimal result was achieved following the deployment of a SUPERA stent

Video 1. Optimal implantation of a SUPERA stent on the axillary artery.

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