

A challenging case of occlusion of the right femoral and right common iliac arteries: diagnostic intervention does not always innocent

A 44-year-old man presented to our hospital with intermittent claudication at a distance of 200–250 m. He had undergone percutaneous coronary intervention for unstable angina through the right femoral artery access 5 months ago. Physical examination was remarkable for a reduced right femoral pulse. Popliteal and pedal pulses were normal. On the basis of these findings, a diagnostic peripheral arteriography was planned. After the femoral sheath was placed, a control arteriography was performed to visualize the access site (Video 1). Because several attempts to advance a 0.035-inch guidewire failed, a 0.018-inch floppy guidewire was advanced to guide the catheter insertion. The angiogram showed severe occlusion of the right common femoral artery (CFA) involving the right common iliac artery (CIA) (Fig. 1, Video 2).

What is your diagnosis and which treatment modality should be chosen for this patient?

- A. Dissection, conservative management
- B. Thrombosis and embolization, surgery
- C. Perforation, urgent surgery
- D. Arteriovenous fistul, percutaneous closure
- E. Catheter-induced accordion effect, nitroglycerin

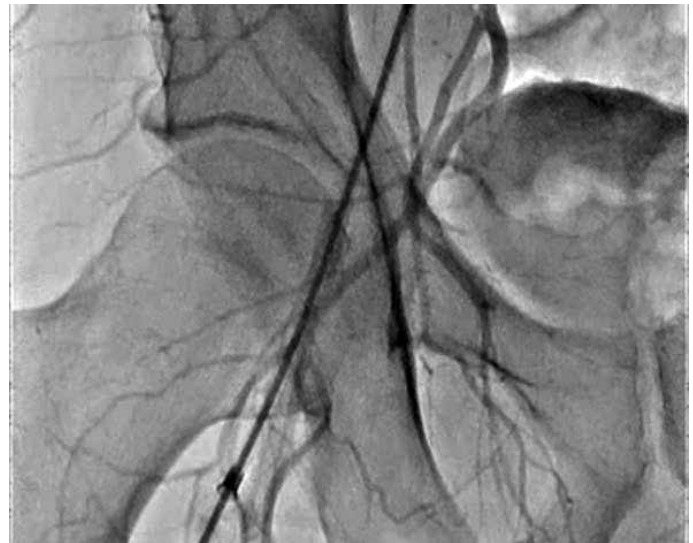


Figure 1. Severe occlusion of the right CFA and right CIA

Answer: p. 994

Address for correspondence: Dr. Yavuzer Koza, Atatürk Üniversitesi Tıp Fakültesi
Kardiyoloji Anabilim Dalı, Yakutiye 25100, Erzurum-Türkiye
Phone: +90 442 231 85 21 Fax: +90 442 236 13 01 E-mail: yavuzerkoza@hotmail.com

Accepted Date: 27.09.2016

©Copyright 2016 by Turkish Society of Cardiology - Available online at www.anatoljcardiol.com
DOI:10.14744/AnatolJCardiol.2016.7500

