ANGIOLOGIA E CIRURGIA VASCULAR
PUBLICAÇÃO OFICIAL SPACV

Shock it to expand it

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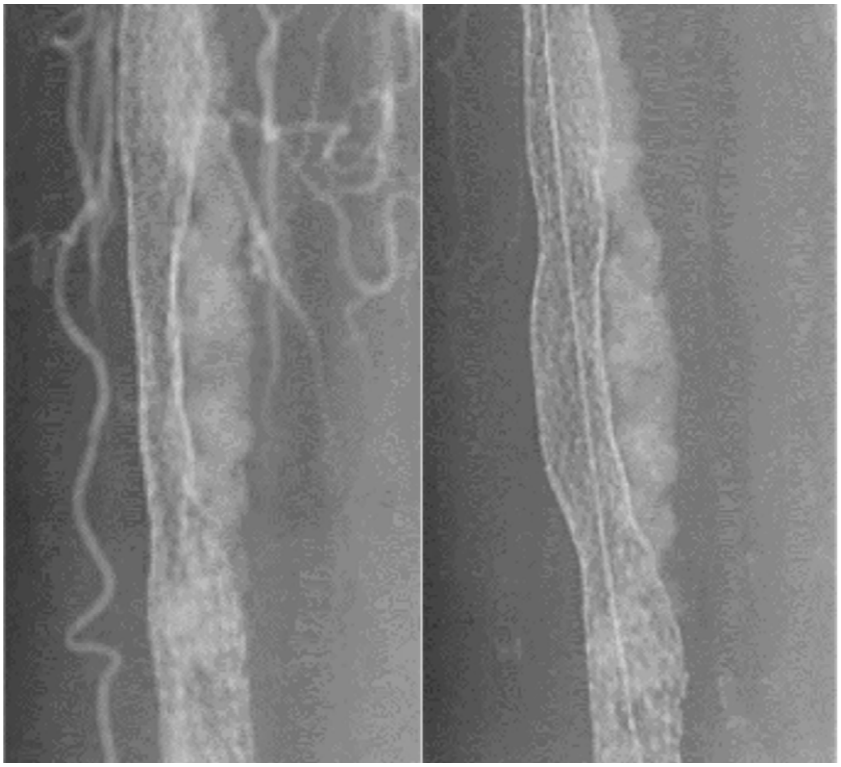

A 65-year-old male with Rutherford class 6 disease and multiple comorbidities underwent complex endovascular recanalisation (GLASS III, FP4, IP4) using the SAFARI technique. A bare metal self-expandable stent (BM-SES) 6.0 x 120 mm was implanted in the superficial femoral artery. Due to severe calcification, stent underexpansion persisted despite post-dilation at 30 atmospheres (left). Due to the immediate unavailability of alternative adjuncts, the patient was rescheduled. Four days later, intravascular lithotripsy with a 6.0 x 60 mm Shockwave™ IVL balloon (5 cycles at 4 atm, post-dilated to 6 atm) achieved optimal stent expansion. Final angiography showed marked improvement without complications (right).

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