CASE STUDY

Limb Salvage in Critical Limb Ischemia

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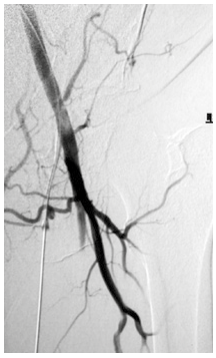
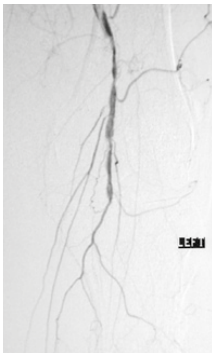
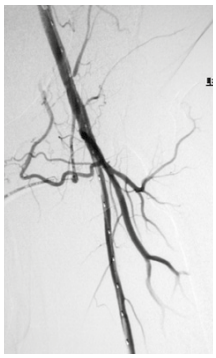
Patient History

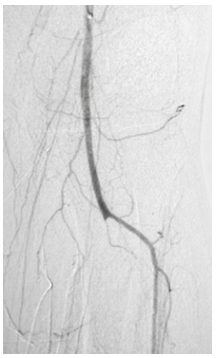
- 69yo male with uncontrolled diabetes presented with bilateral femoralpopliteal artery occlusions. The right foot was cadaveric and the left foot was critically ischemic (SVS IIB). Fourquadrant faciotomy was performed on right leg with pending amputation of both legs
- EKOS™ Acoustic Pulse Thrombolysis™ Treatment
  - 50 cm EKOS™ device placed, contralateral approach
  - Infusion of reteplase at 0.5 u/hr for 4 hours, then reduced to 0.25 u/hr
- Duplex/Doppler at 1 hour demonstrated recanalization of the SFA
- Angiography at 6 hours confirmed total thrombus resolution in the CFA, SFA and popliteal arteries with TIMI III flow into the trifurcation area and single vessel runoff in the anterior tibial artery
- The dorsalis pedis pulse was detectable with Doppler and significant clinical improvement was noted with improved skin color and temperature and capillary refill
- EKOS™ device replaced with 3F infusion catheter with overnight infusion into tibio-peroneal trunk
- Follow-up angiography revealed a focal stenosis in the tibio-peroneal trunk
- Stent placement resulted in TIMI III flow in the left posterior tibial artery up to the left foot with a biphasic Doppler signal
- Patient underwent successful amputation of cadaveric right foot



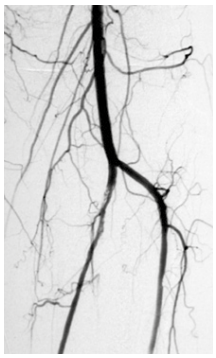


Pre EKOS™

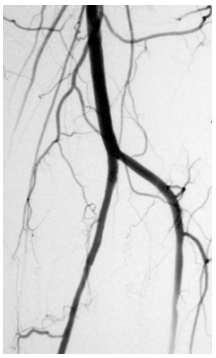




6-hour



Post-EKOS™



Final

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