

Clasificación de las lesiones en la arteria femoral común



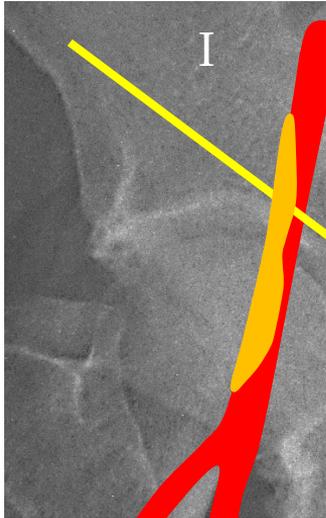
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Hospital Italiano de Buenos Aires



Clasificación de las lesiones en la arteria femoral común

Endovascular

Clasificación de Azema

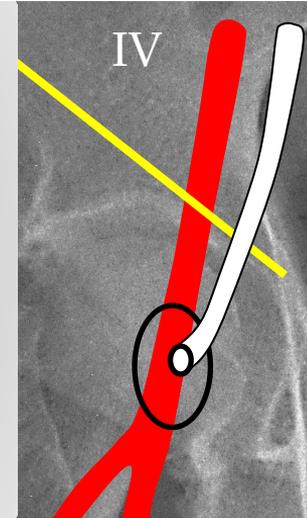


No contempla:

Calcio

Grado de estenosis

Todas las lesiones



No nos permite clasificar las lesiones post tratamiento

Clasificación lesiones de AFC

Propuesta de nueva clasificación de las lesiones de la AFC

Rabellino M., Valle Releigh J., Chiabrando G., Di Caro V., Chas J., Garagoli F., Bluro I.

58 ptes 64 extremidades
Stent en la arteria femoral común (2012-2020)

1-Nuevo grupo de lesiones

Un porcentaje de nuestras lesiones no podíamos incluirla en ningún grupo de la clasificación de Azema
21 lesiones 35% de la muestra

Grupo 4 (un nuevo grupo)

Clasificación lesiones de AFC

2-Categorizar el grado de calcificación

Calcificación no severa (L) vs calcificación severa (H)

Abordajes retrogradados: Calcio severo 29.4% vs leve 2.4%

Tiempo de procedimiento: 73 vs 51 minutos

3-Categorizar el grado de estenosis

Estenosis vs obstrucción

Abordajes retrogradados: Oclusiones 26% vs Estenosis 0%

Tiempo de procedimiento: 74 vs 48 minutos

Longitud de la lesión: Oclusiones 10 cm vs 3 cm

Clasificación lesiones de AFC

4-Incluimos la bifurcación en la clasificación

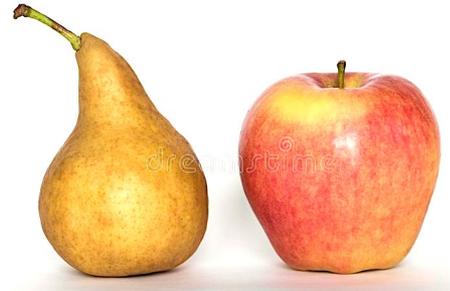
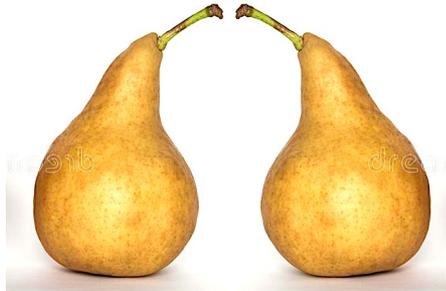
Superficial: S

Profunda: D

Ambas: B

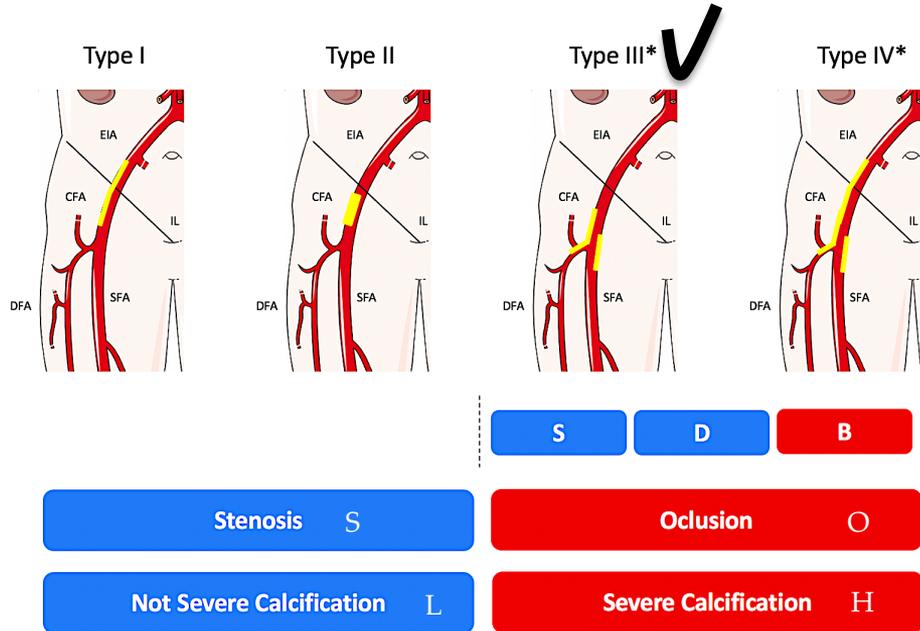
5-Generar una clasificación de las lesiones post tratamiento

Afecta a las lesiones de la bifurcación denominando cual fue el vaso de run off tratado además de la común



Clasificación lesiones de AFC

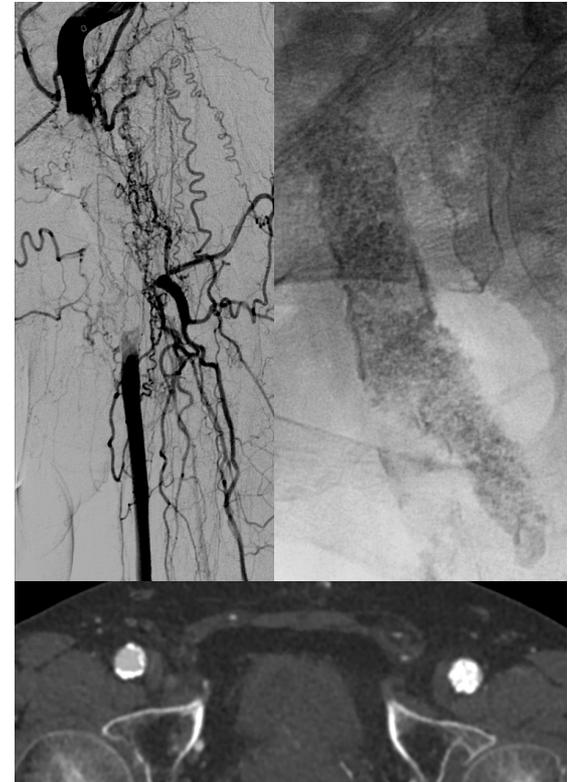
Clasificación Pre TTO



* Stenosis may affect the SFA, DFA or both

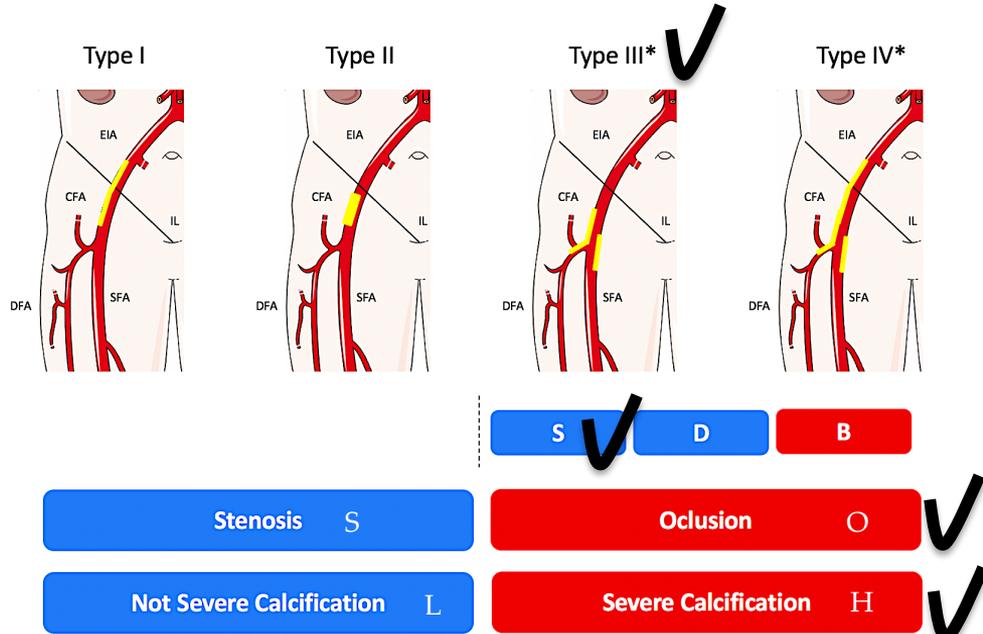
I: common femoral artery, DFA: Deep femoral artery, EIA: external iliac artery, IL: inguinal ligament, SFA: superficial femoral artery

Lesion tipo III B O H



Clasificación lesiones de AFC

Clasificación Post TTO



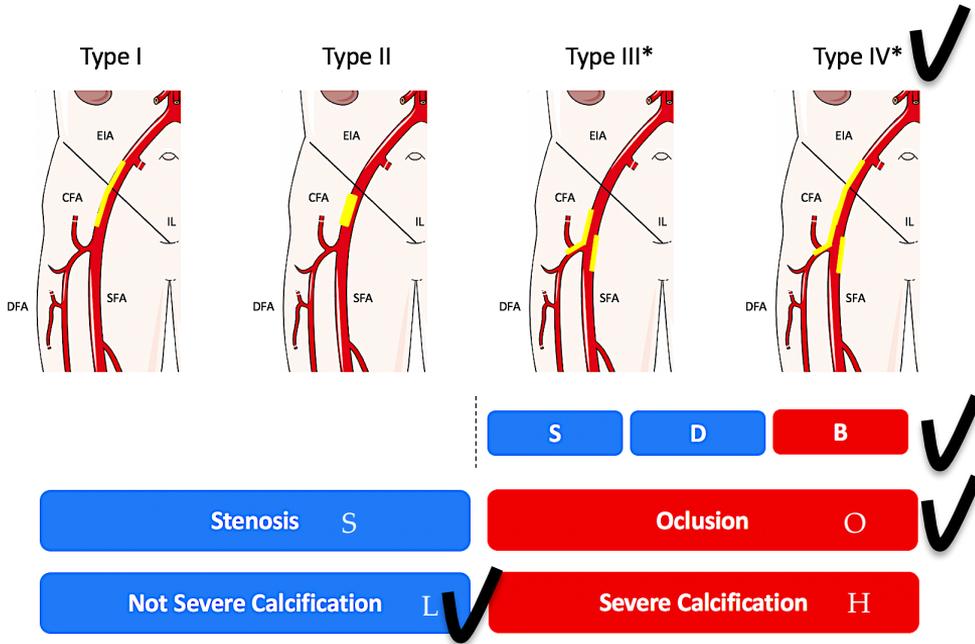
* Stenosis may affect the SFA, DFA or both

Lesion tipo III S O H



Clasificación lesiones de AFC

Clasificación Pre TTO



* Stenosis may affect the SFA, DFA or both

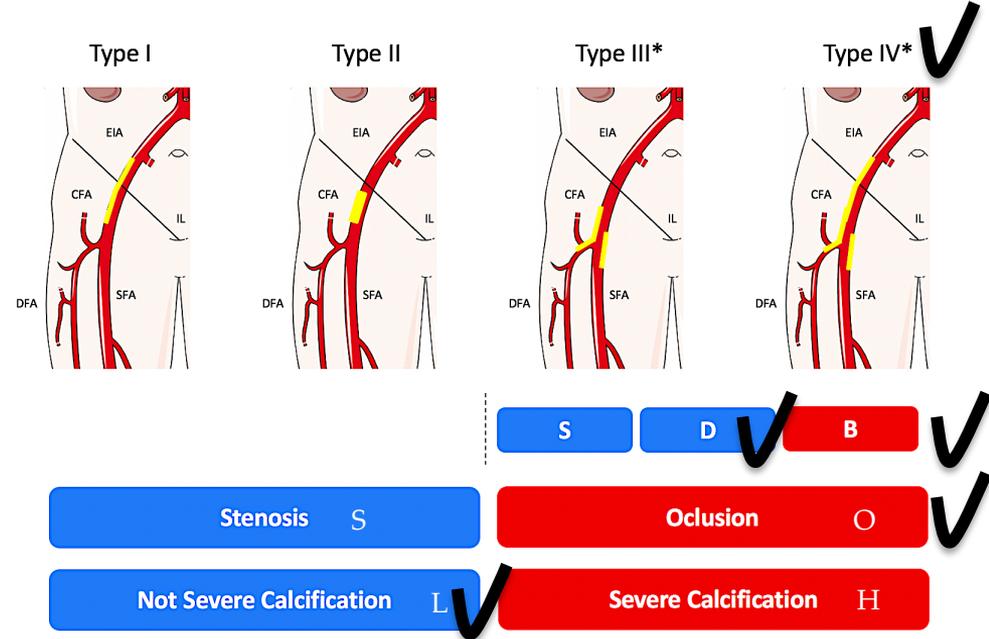
\: common femoral artery, DFA: Deep femoral artery, EIA: external iliac artery, IL: inguinal ligament, SFA: superficial femoral artery

Lesion tipo IVB O L



Clasificación lesiones de AFC

Clasificación Post TTO



* Stenosis may affect the SFA, DFA or both

‡: common femoral artery, DFA: Deep femoral artery, EIA: external iliac artery, IL: inguinal ligament, SFA: superficial femoral artery

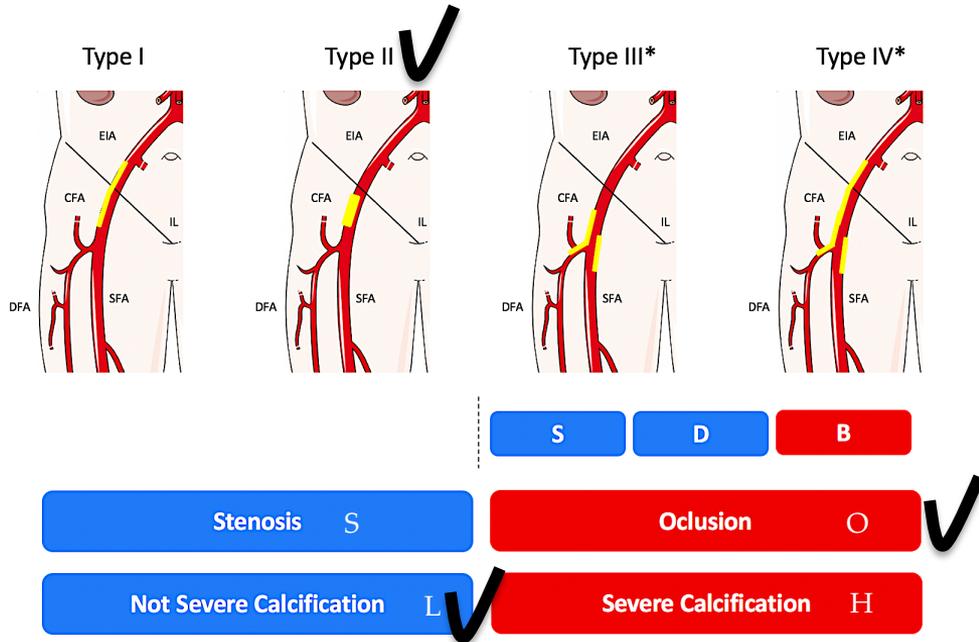
Lesion tipo IV $\text{B} \circ \text{L}$



Clasificación lesiones de AFC

Clasificación Pre y post TTO

Lesion tipo II O L



* Stenosis may affect the SFA, DFA or both



l: common femoral artery, DFA: Deep femoral artery, EIA: external iliac artery, IL: Inguinal ligament, SFA: superficial femoral artery



Novel Common Femoral Artery Lesion Classification in Patients Undergoing Endovascular Revascularization

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Abstract

Purpose Common femoral artery (CFA) is a critical segment of the lower-limb arterial tree. We sought to propose an extensive classification in order to appraise a diagnostic and therapeutic approach.

Methods A retrospective cohort of CFA lesions with endovascular therapy was evaluated. We appraised the extension, the degree of stenosis and the calcium burden. A new group “IV” included lesions that started at the external iliac artery or common iliac artery extending into the CFA and affecting its bifurcation. The primary outcome was the need for a retrograde bailout access after failed antegrade access and the procedural time.

Results From 2012 to 2020, a total of 58 lower limbs in patients with CFA lesions were included. New proposed group IV comprised 36% of lesions. Additionally, procedural time was significantly longer in group IV lesions compared with the rest (76.9 ± 32.23 min vs 47.67 ± 17.93 min, $p < 0.01$), as was the requirement of retrograde bailout access (23.8 vs 2.6% , $p = 0.03$). Occlusive lesions were associated with longer procedural

times and bailout retrograde access compared to stenotic lesions (74.7 ± 33.6 min vs 48.29 ± 16 min, $p < 0.001$ and 26.1 vs 0% , $p = 0.006$, respectively), as well as heavy calcification compared to mild or moderate calcification (73.18 ± 28.15 vs 51.86 ± 25.1 , $p = 0.06$ and 29.4 vs 2.4% , $p = 0.009$, respectively). Secondary clinical outcomes and target lesion revascularization did not differ among groups.

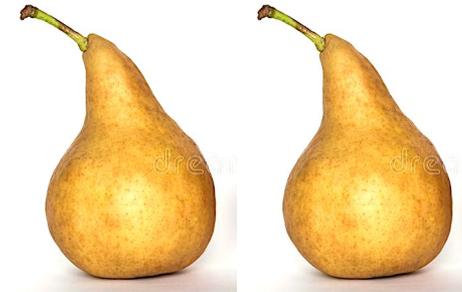
Conclusions Our classification includes a new group of extensive and frequent lesions, which did not fit in previous classifications.

Keywords Common femoral artery · Endovascular therapy · Procedural time · Retrograde bailout access—calcification

Introduction

Common femoral artery (CFA) and its bifurcation are critical segments of the lower-limb arterial tree, as their occlusion may precipitate in critical limb ischemia or severe claudication [1]. Although open surgery was generally considered the gold standard in the past, current endovascular therapies (ET) have provided comparable efficacy results with lower periprocedural morbidity [1–3].

The correct classification of CFA lesions, therefore, remains critical in order to correctly appraise the severity of the disease, and ultimately allow interventionalists to compare and manage therapeutic alternatives based on lesion group and location and ultimately compare clinical



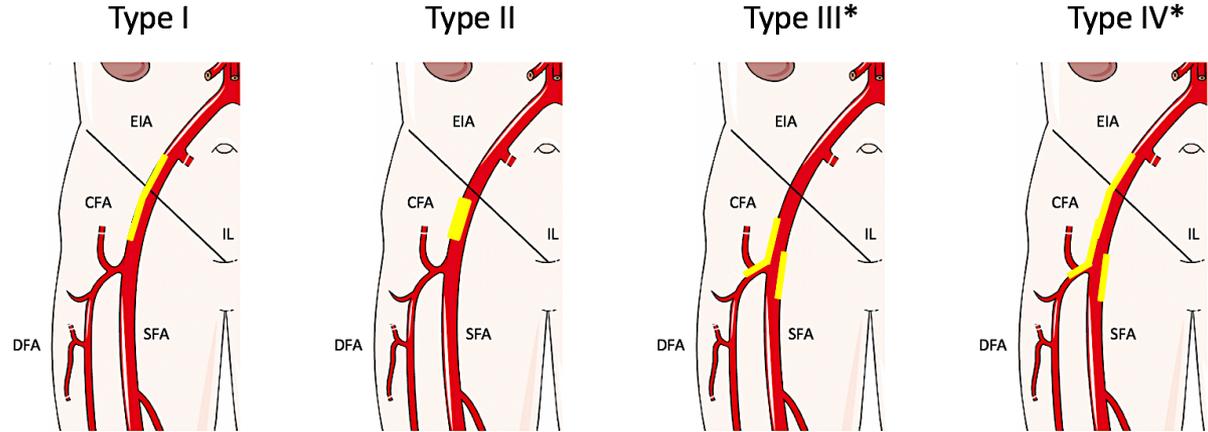
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Assess:

1) Bifurcation lesion

S

D

B

2) Occlusion

Stenosis (S)

Occlusion (O)

3) Calcification

Not Severe Calcification (L)

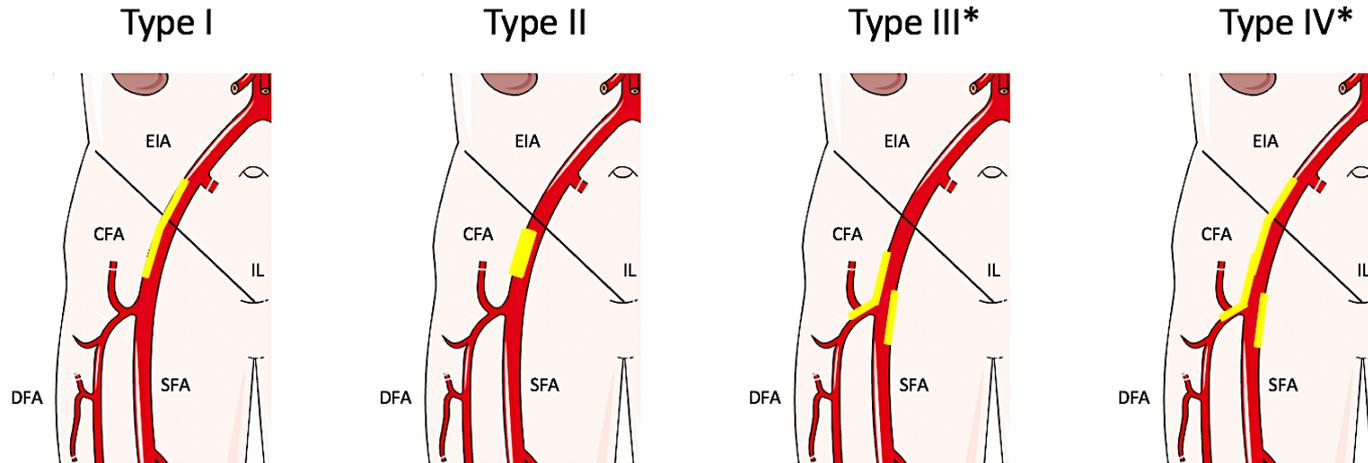
Severe Calcification (H)

* Stenosis may affect the SFA, DFA or both

CFA: common femoral artery, DFA: Deep femoral artery, EIA: external iliac artery, IL: inguinal ligament, SFA: superficial femoral artery

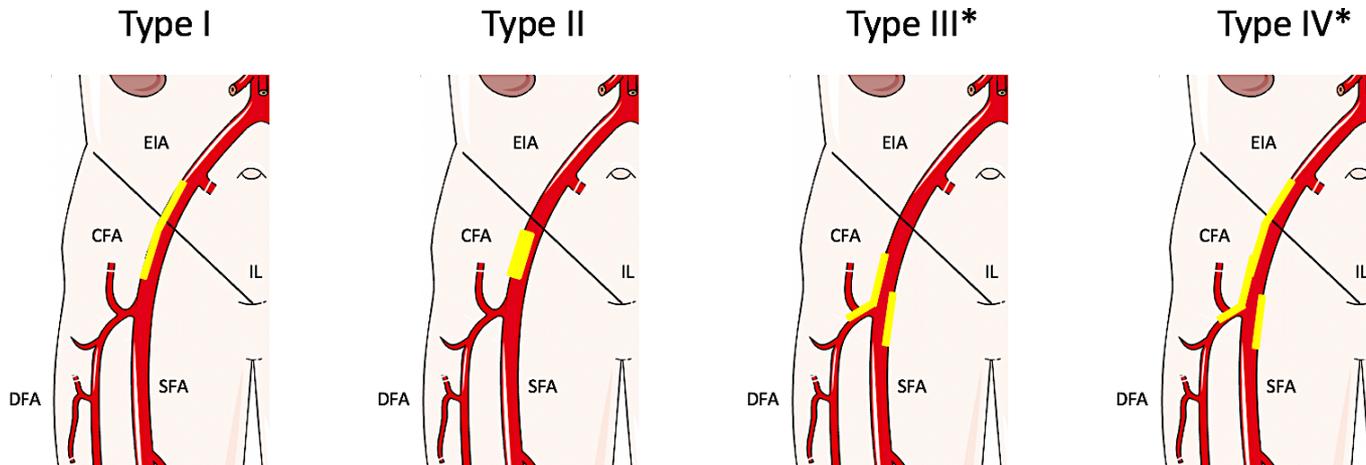


- Es insuficiente para definir una terapia



Comorbilidades
Cuadro clínico

Situación específicas locales (ingle hostil)



Endovascular

Cirugía

Endovascular/Híbrido



Comorbilidades
Cuadro clínico
Situación específicas (ángulo hostil)

Observational Study > Vasc Endovascular Surg. 2021 Aug;55(6):571-576.

doi: 10.1177/15385744211010447. Epub 2021 Apr 28.

Common Femoral Artery Stenting: Computed Tomography Angiography Based Long-Term Patency

Rabellino Martin¹, Di Caro Vanesa G¹, Juan Valle Raleigh¹, Chas Jose², Kotowicz Vadim², Manuel Maynar^{3,4}, Tobias Zander³

> Vasc Med. 2024 Mar 17:1358863X241231943. doi: 10.1177/1358863X241231943.

Online ahead of print.

Safety and effectiveness of the phoenix atherectomy device for endovascular treatment of common femoral and popliteal arteries: Results of the EN-MOBILE trial

Christoph Schöfthaler¹, Nicola Troisi², Giovanni Torsello³, Amila Jehn¹, Michael Lichtenberg⁴, Jan C Karcher¹, Konstantinos Stavroulakis⁵, Mario D'Orta⁶, Athanasios Saratzis⁷, Hany Zayed⁸, Martin Andrassy⁹, Grigorios Korosoglou¹

> Vascular. 2024 Feb 26:17085381241236564. doi: 10.1177/17085381241236564.

Online ahead of print.

Endovascular treatment with interwoven nitinol stent for common femoral artery lesions: 2-year outcomes of a single center experience

Veera Suwanruangsi¹, Surakiat Bokerd¹, Virapat Chanchitsopon¹, Sirakarn Jowcharoen¹

> Eur J Vasc Endovasc Surg. 2023 Aug;66(2):280-281. doi: 10.1016/j.ejvs.2023.04.016.

Epub 2023 Apr 21.

Safety, Effectiveness, and Midterm Results of Endovascular Treatment for the Common Femoral Artery: A Two Centre Atherectomy Trial

Mariya Kronlage¹, Christian Erbel², Michael Lichtenberg³, Konstantinos Donas⁴, Norbert Frey², Grigorios Korosoglou⁵

> J Endovasc Ther. 2024 Feb 18:15266028241231472. doi: 10.1177/15266028241231472.

Online ahead of print.

Multicenter Registry of Common Femoral Artery Disease Treated With Endovascular Revascularization Using Interwoven Nitinol Stents: An Observational Retrospective Study

Kazunori Horie¹, Mitsuyoshi Takahara², Tatsuya Nakama³, Kazuki Tobita⁴, Akiko Tanaka¹, Yoshiaki Shintani⁵, Yoshinori Tsubakimoto⁶, Naoki Yoshioka⁷, Naoki Hayakawa⁸, Shinya Sasaki⁹, Yo Iwata¹⁰, Kenji Ogata¹¹, Tomonari Takagi¹², Tatsuki Doijiri¹³, Masahiko Fujihara¹⁴

Conclusión

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<https://doi.org/10.1007/s00270-023-03378-1>

CIRSE



COMMENTARY

COMMENTARY

The Endovascular Treatment of the Common Femoral Artery Came to Stay: But Which is the Best Option?

Martin Rabellino¹ · Juan Guido Chiabrando¹