

Under What Circumstances Could Tibial Endo Interventions Possibly Be Justified For IC

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• Institutional Research Support	• Abbott, Boston Scientific, Shockwave Medical, TriReme Medical, Surmodics, Veyan Medical, Concept Medical, Acotec, R3 Medical, Reflow Medical, AVS, Fastwave, Akura Medical
• Advisory Board	• Abbott, Medtronic, Boston Scientific, Cordis, Philips
• Consulting	• Terumo, Abiomed, Penumbra, Inari, Canon
• Equity	• Encompass Vascular, Advanced Nanotherapies, eFemoral

Peripheral Arterial Disease: Indications for Revascularization

Claudication

- Disabling
- Lifestyle limiting

Analogy
ANGINA

Outcome
PATENCY
(QOL/WIQ)

Urgency
Whenever

Chronic Limb Threatening Ischemia

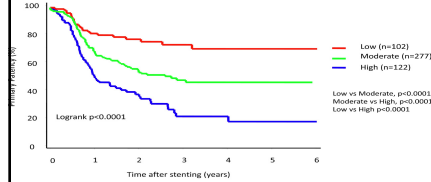
- Tissue loss/ischemia
- Rest pain
- Refractory infection

ACS

LIMB SALVAGE
(AFS/Wound Healing)

NOW!!

A Risk Stratification Score Predicts Patency in TASC C/D Lesions



Risk Factor	Points
Female	1
Diabetes	1
Dialysis	1
CLI	1
Lesion >150mm	2
Poor Runoff	1

Risk Score	Category
0-2	Low
3-4	Moderate
5-7	High

CC/ID: 68-year-old male with severe lifestyle limiting claudication

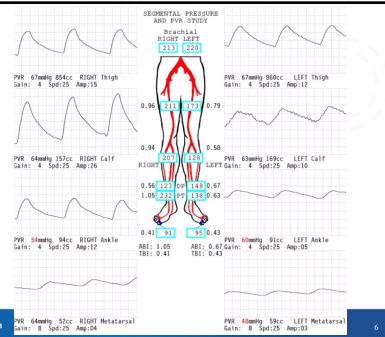
HPI: Presents with severe Rutherford 3 intermittent claudication in the left lower extremity
Unable to walk to his corner store and shop for himself. Difficulty climbing into his 4 story walkup apartment

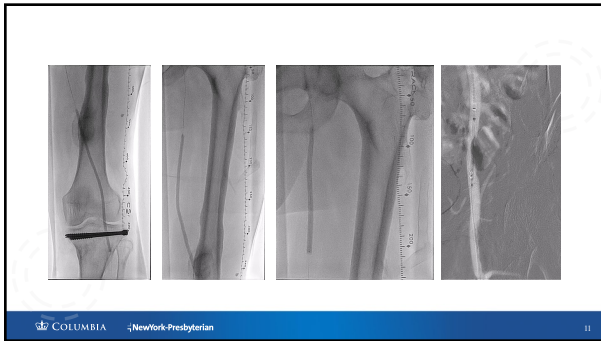
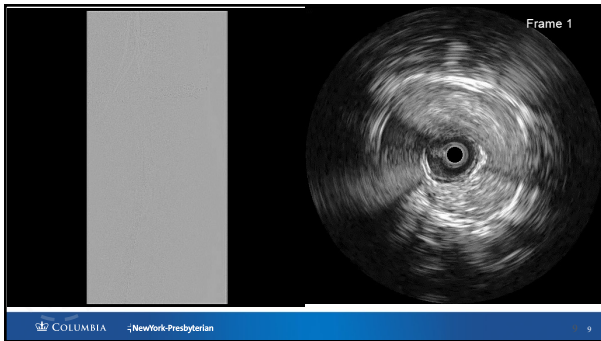
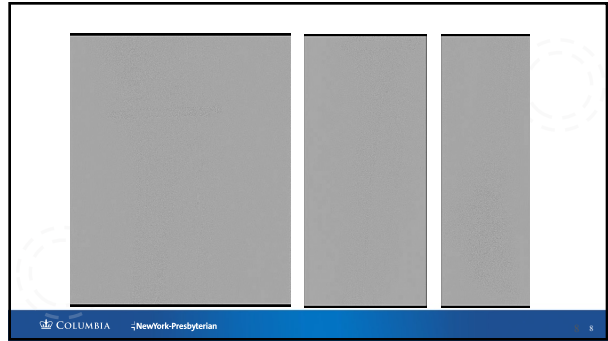
PMH: Hypertension, hyperlipidemia (LDL 96), DM2 (A1c 7.1), carotid stenosis

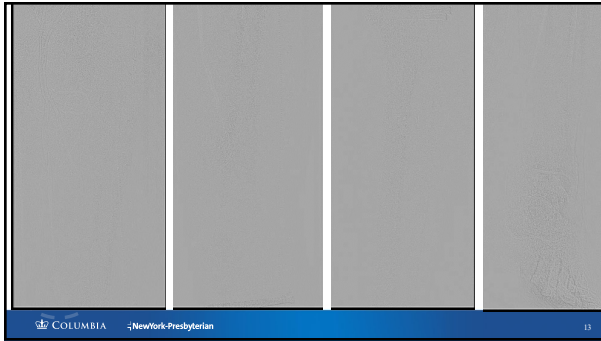
SH: Prior Tobacco and drinks

PE: Bruit in L groin with 1+ femoral pulse with bruit and biphasic doppler DP/PT

Ankle-brachial index (ABI)







Clinical Indications for Tibial Intervention for IC

- Reasonable to consider for improvement of outflow in FemPop intervention
- Should be done with limited risk and ideally without burning bridges
- Probably accounts for <<5% of cases
- CLTI patients are a different category altogether

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