

CIRA Case of the Day

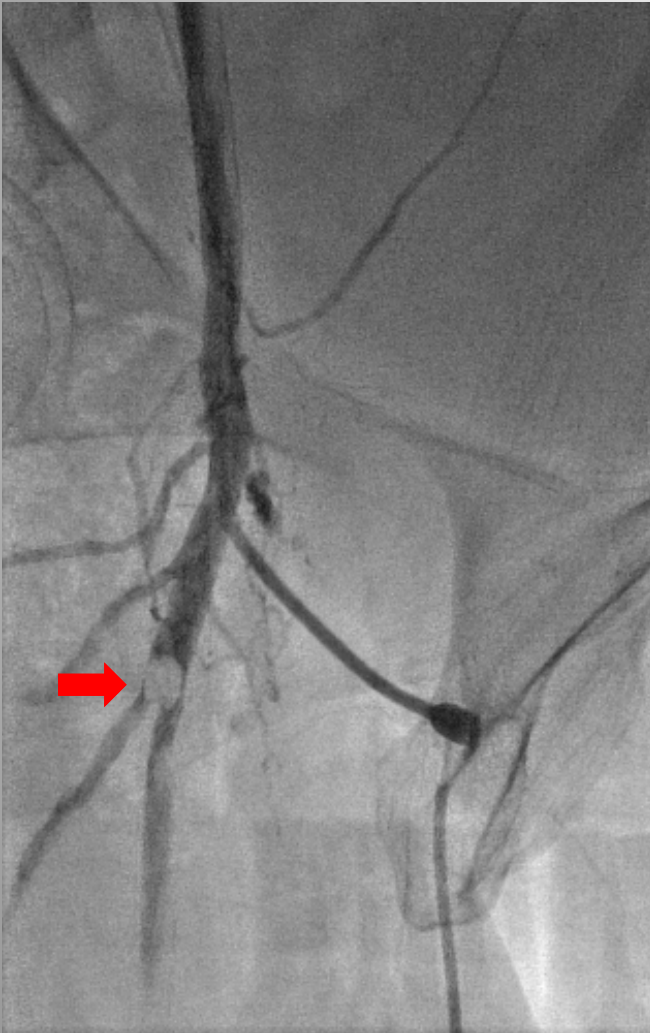
April 2015

Case Courtesy of Dr. Ondina
Bernstein, UHN

Clinical Summary

- A 65-year-old female who underwent percutaneous coronary artery angioplasty required emergency re-intervention the following day
- The angiographic images of the femoral access at the end of the procedure revealed a filling defect at the common femoral artery bifurcation
- A possible thrombus was considered and the vascular interventional radiologist was called

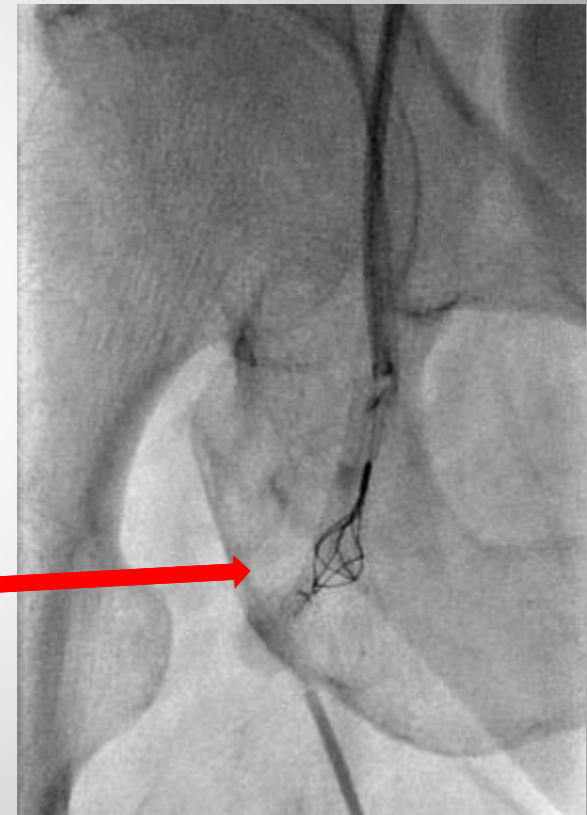
Clinical History and Imaging Procedure



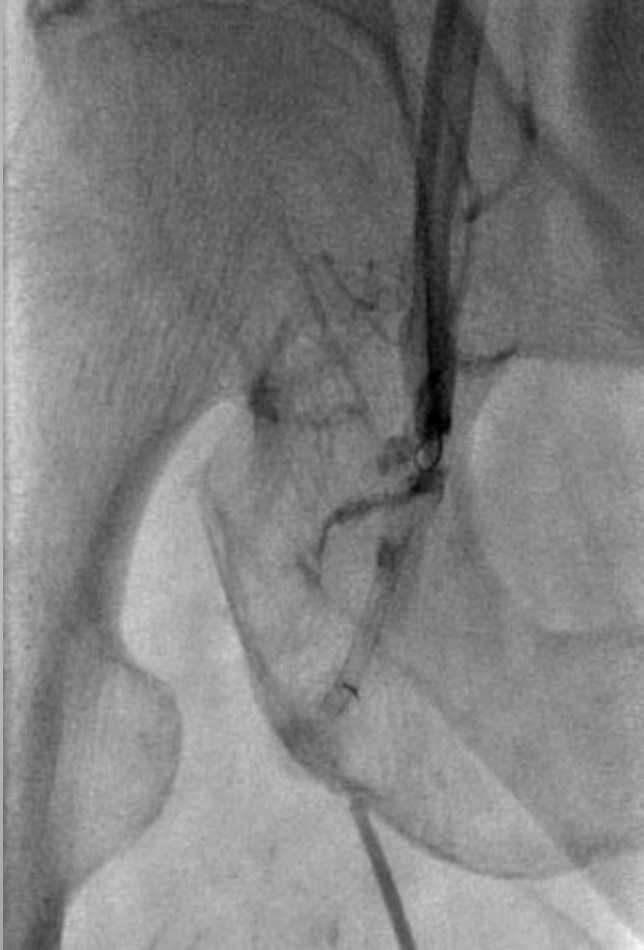
- Review of the previous procedure revealed that an Angio-Seal (St. Jude Medical) had been placed
- Angiographic appearance was consistent with a dislodged Angio-Seal footplate at the CFA bifurcation
- The case was discussed with the vascular surgeons but it was felt that the patient was not fit for surgery and a percutaneous approach was preferred if possible

Clinical History and Imaging Procedure

- A percutaneous approach was undertaken in the cardiac catheter lab. A 10 Fr sheath was introduced from the contralateral side and the aortic bifurcation was crossed with a guiding catheter.
- An EN snare® (Merit Medical) dislodged the footplate proximally from the CFA bifurcation.



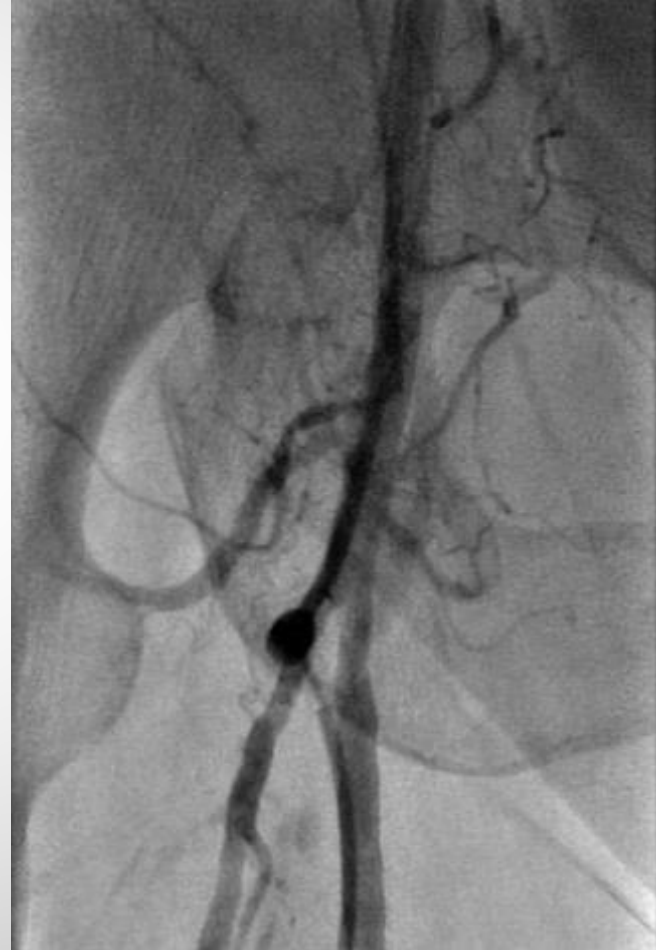
Clinical History and Imaging Procedure



Only the GooseNeck® snare (Covidien) could grasp the Angio-Seal with sufficient grip to pull it into the sheath. The Angio-Seal footplate was successfully retrieved into the guiding catheter.

Clinical History and Imaging Procedure

Following removal of the Angio-Seal footplate, the angiographic run confirmed removal of the displaced footplate.



Discussion

- Due to emergency intervention, previous placement of an Angio-Seal was overlooked.
- The intra-arterial anchor of the Angio-Seal is bio-absorbable and re-entry can be performed safely within 90 days if sited 1cm proximal to the previous access site¹.
- Reported use of Gooseneck snare² and Alligator tooth retrieval forceps (Cook Medical)³ to successfully retrieve Angio-Seal percutaneously.

1. Applegate RJ, Rankin KM, Little WC, Kahl FR, Kutcher MA. Restick following initial Angio-Seal™ use. *Catheter Cardiovasc Interv.* 2003;58(2):181-184.

2. Goyen M et al. Interventional therapy of vascular complications caused by the hemostatic puncture closure device Angio-Seal. *Catheter Cardiovasc Interv.* 2000;49:142-7.

3. Boersma D, van Strijen MJ et al. Endovascular retrieval of a dislodged femoral arterial closure device with Alligator forceps. *J Vasc Surg.* 2012;55-1150-2.