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Risk Management in the Presence of Comorbidities

Patient History

- Patient presented with left rest pain, sudden onset 6 weeks prior, no pedal pulses and ABI of 0.45
- Angiogram revealed 17 cm occlusion in SFA, popliteal and tibio-peroneal trunk
- Treatment considerations
 - Hypertension: minimize lytics and heparin
 - COPD, CAD: minimize stress and duration of treatment
- 18 cm Lysus[®] catheter placed; tenecteplase infused at 0.2 mg/hr for 6.5 hours
- >95% of clot cleared at 6.5 hours, confirmed by angiography
 - No emboli
 - No bleeding
 - Critical stenoses revealed in popliteal and tibio-peroneal trunk
- Following 6 mm x 20 mm cutting balloon
 - No rest pain, as reported by patient
 - Brisk flow confirmed by angiography
 - ABI of 0.9



Pre



Post-EKOS



The presence of hypertension, CAD and COPD in this patient makes reducing the risks of embolization and bleeding paramount. Complete clearing of the clot revealed the limited area of stenosis, optimizing PTA and minimizing the risk of embolization. Additionally, EKOS[®] ultrasound-enhanced thrombolysis made it possible to use an ultra-low dose of lytic and heparin, minimizing the risk of bleeding, and to complete clot clearance in only 6.5 hours despite the chronic nature of the clot.



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