

## RECANALIZATION OF CHRONIC OCCLUSION OF THE LEFT SUBCLAVIAN ARTERY USING STENT ANGIOPLASTY

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### CASE OUTLINE

Forty-one year old female with headaches, left arm pain and episodes of dizziness that occurred regardless of position or movement in clinics. Duplex sonographic examination revealed retrograde flow in the left vertebral artery, suggestive of a subclavian steal syndrome. Angiographic view of left proximal subclavian artery occlusion via a 4F pigtail catheter (Fig. 1).

### TREATMENT PROGRESS

Insertion of a 6F, 65cm sheath and cannulation of the vascular outlet with a Cordis TEMPO AQUA™ 4F Headhunter 1 Catheter. Auxiliary access via a 4F radialis sheath and a Cordis TEMPO AQUA™ 4F Right Judkins Catheter (Fig. 2).

Smooth crossing of the chronic total occlusion with a 0.018-inch guidewire through the Cordis TEMPO AQUA™ 4F Headhunter 1 Catheter. Reduced risk for embolization of the vertebral artery occlusion due to the hydrophilic glide coating of the Cordis TEMPO AQUA™ 4F Catheter. Subsequent establishment of a through-and-through wire for improved stability (Fig. 3).

### RESULTS:

Stent angioplasty of the proximal subclavian artery without residual stenosis. Flow reversal of the vertebral artery to antegrade flow. Clinical cure of subclavian steal syndrome (Fig. 4).

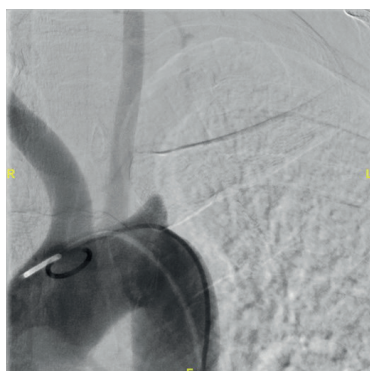


Figure 1

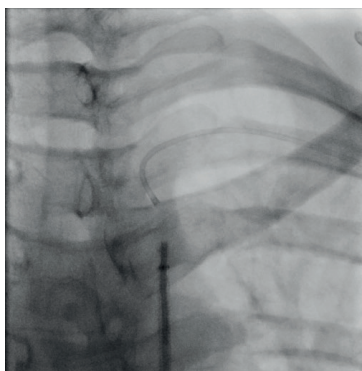


Figure 2

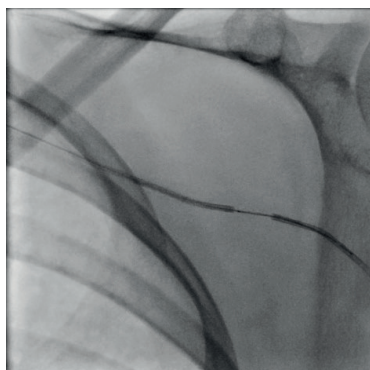


Figure 3



Figure 4

For healthcare professionals only.

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