
How I use Zilver PTX in my practice

**HELLER F., MILLON A., THINEY P.O., DELLASCHIVA N.,
FEUGIER P., LERMUSIAUX P.
CHU E.HERRIOT
LYON**

Faculty Disclosure

I have **no financial relationships** to disclose.

Je n'ai **aucune relation financière** à déclarer.

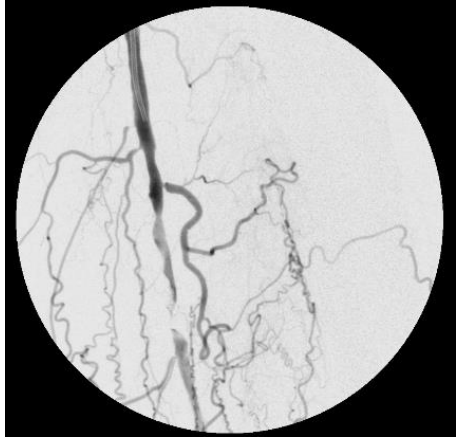
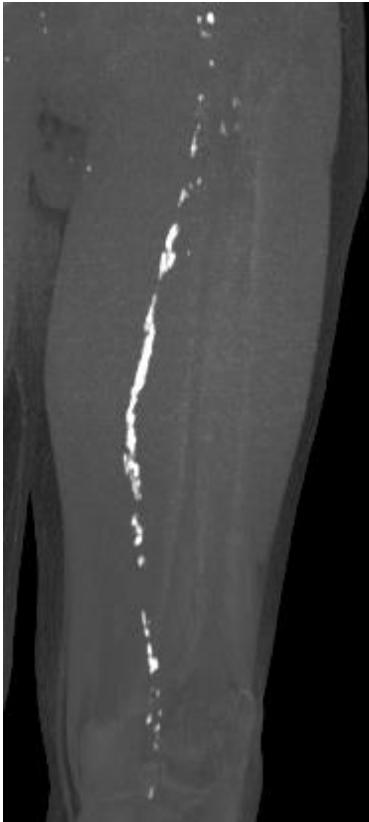
Clinical case n° 1

- Man, 57 years old
- Smoking, hypertension, dyslipidemia
- Claudication

Clinical case n° 1

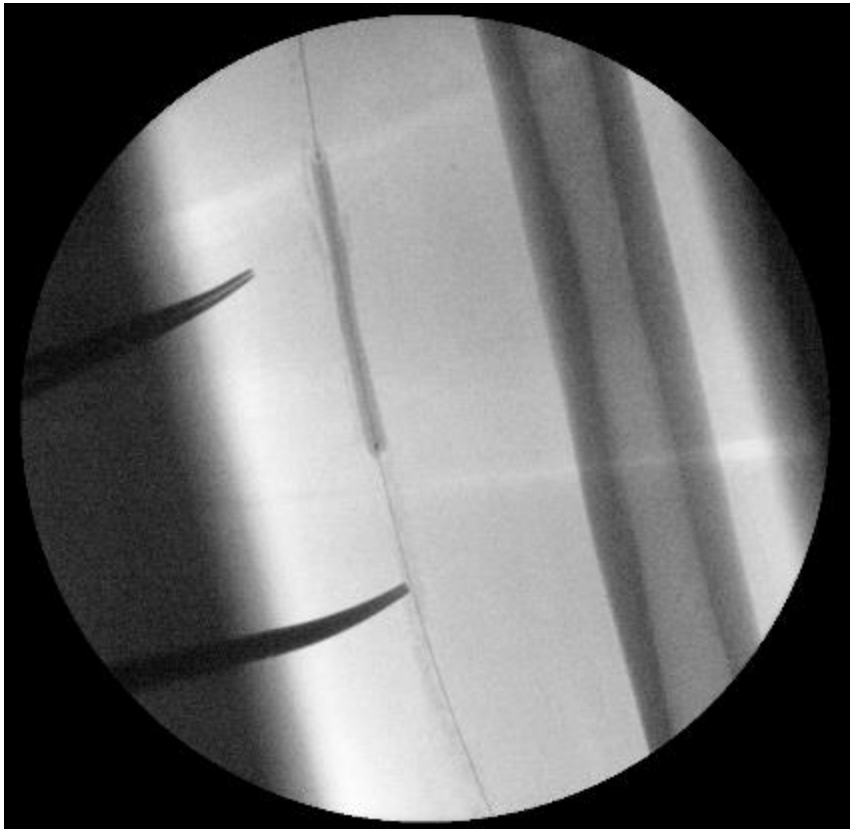


Short SFA occlusion

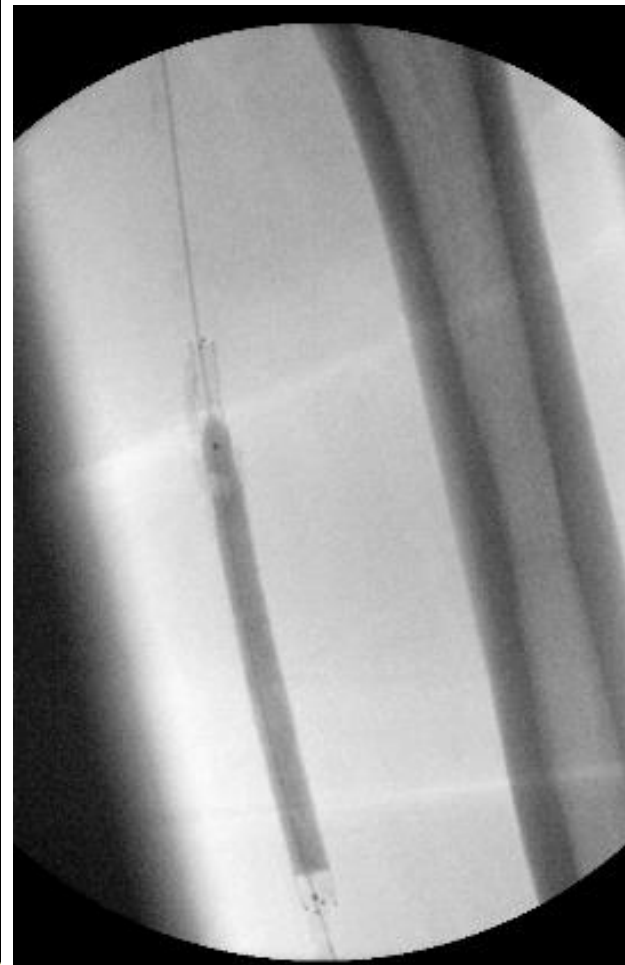
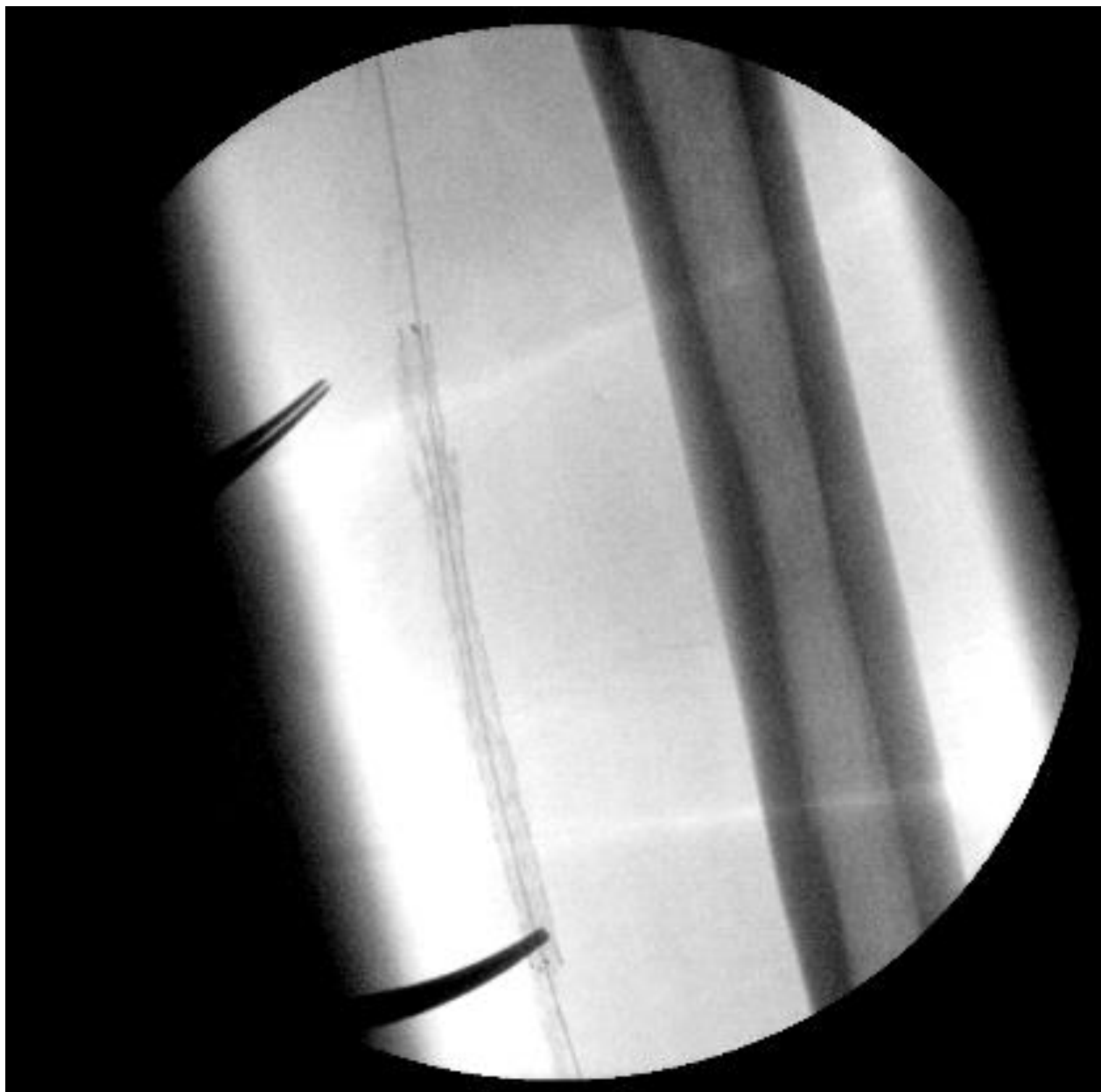


Clinical case n° 1

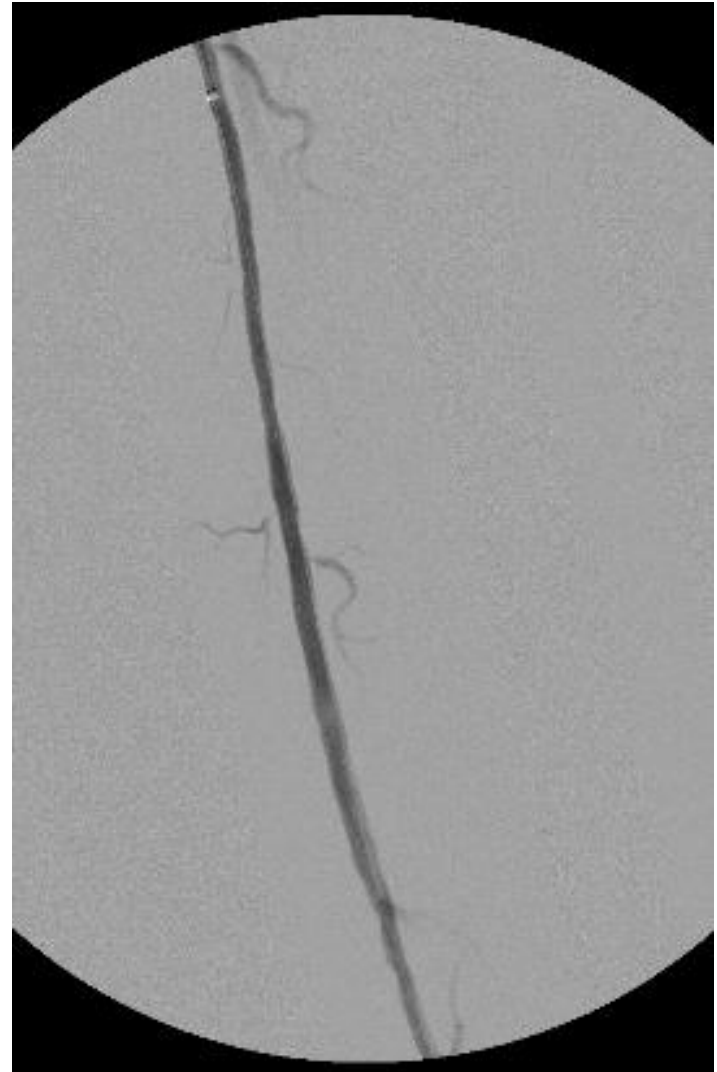
Predilatation 3 mm balloon



Zilver PTX 6x100mm



Clinical case n° 1



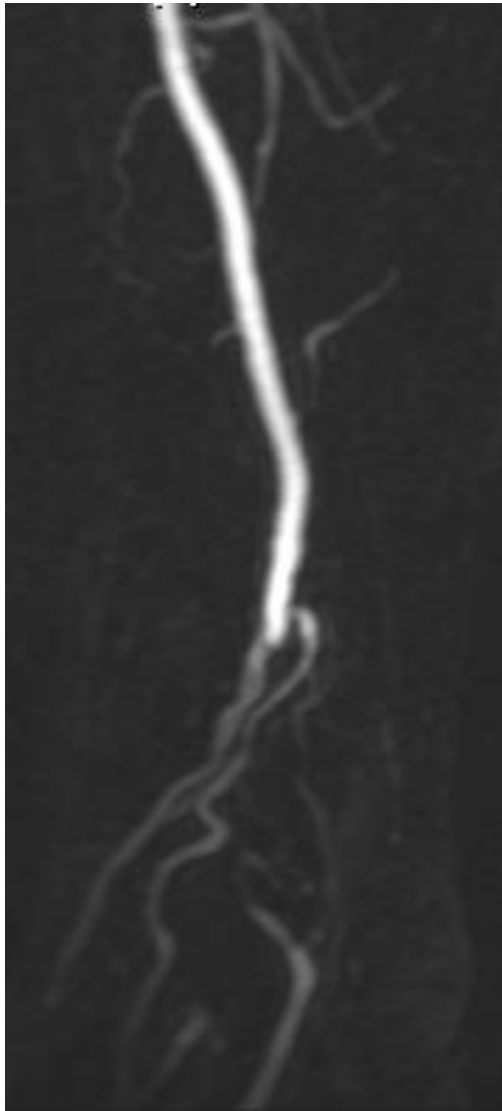
Clinical case n° 1

- 1 Year follow-up
- No claudication
- No restenosis (duplex ultrasound)

Clinical case n° 2

- Man, 80 years old
- Hypertension, dyslipidemia, coronaropathy
- Claudication

Clinical case n° 2



popliteal occlusion





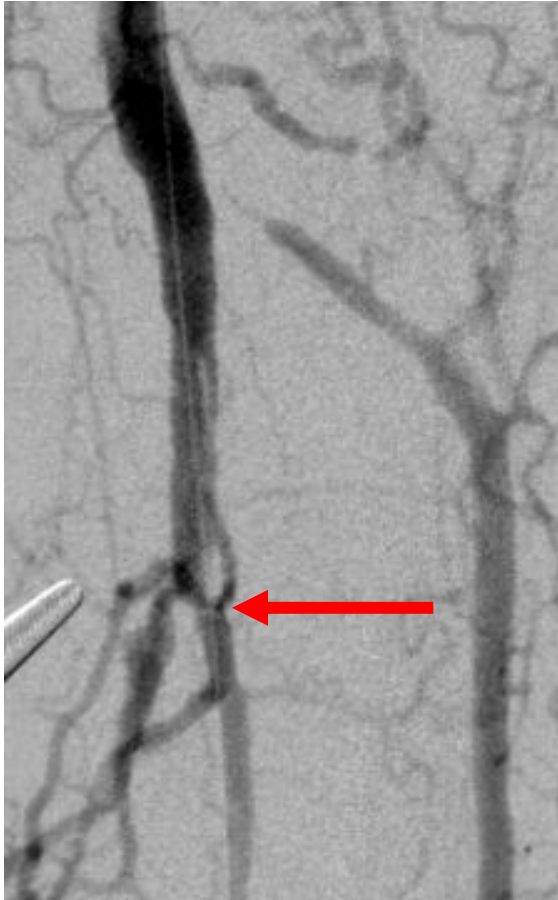
Predilatation 4mm balloon



Zilver PTX 6x40mm



Clinical case n° 2



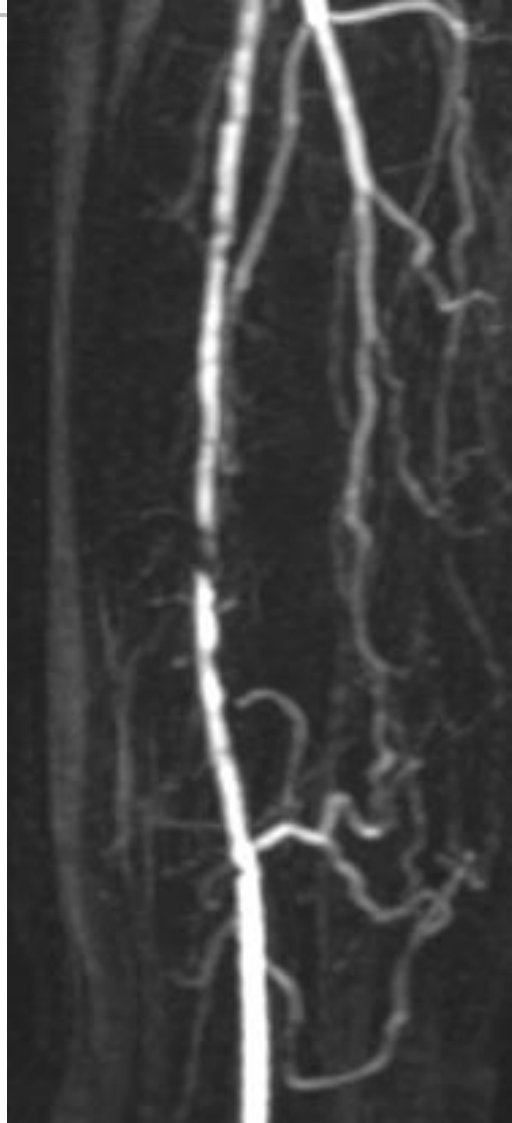
Clinical case n° 2

- 6 months follow-up
- No claudication
- No restenosis (duplex ultrasound)

Clinical case n° 3

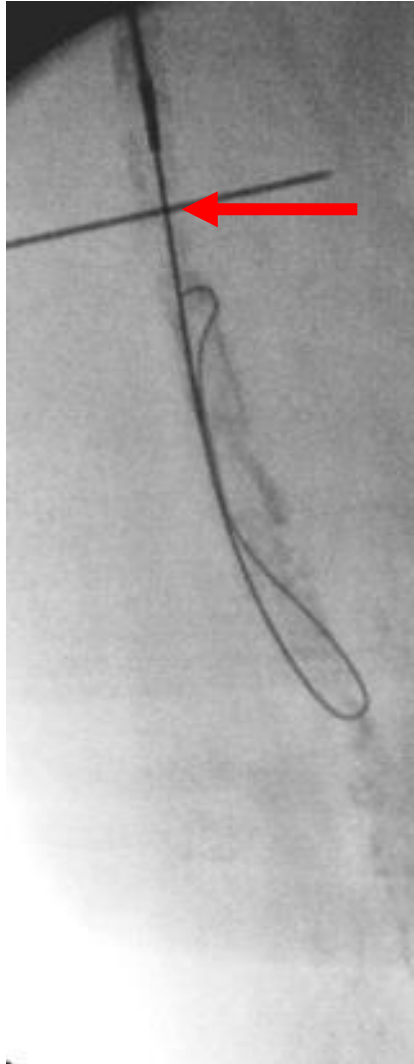
- Man, 59 years old
- Smoking, hypertension, dyslipidemia, terminal renal insufficiency
- Claudication

Short SFA occlusion – easy case??

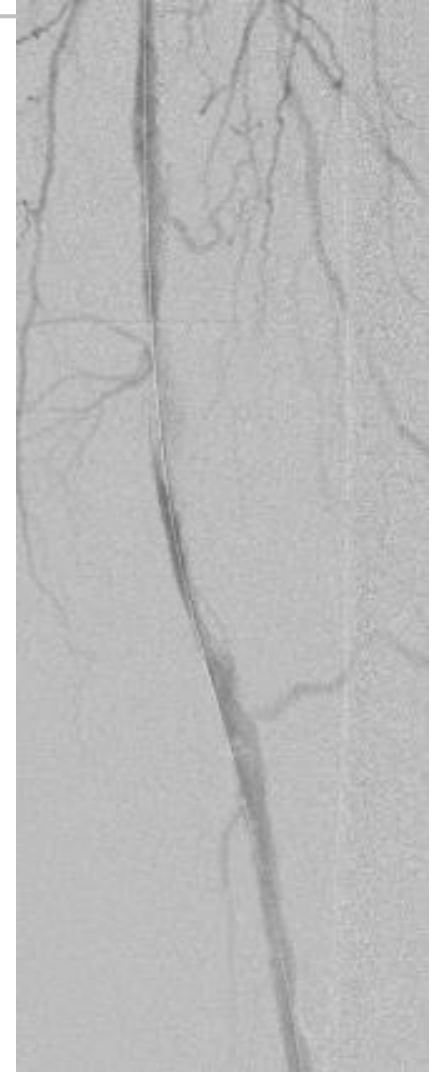
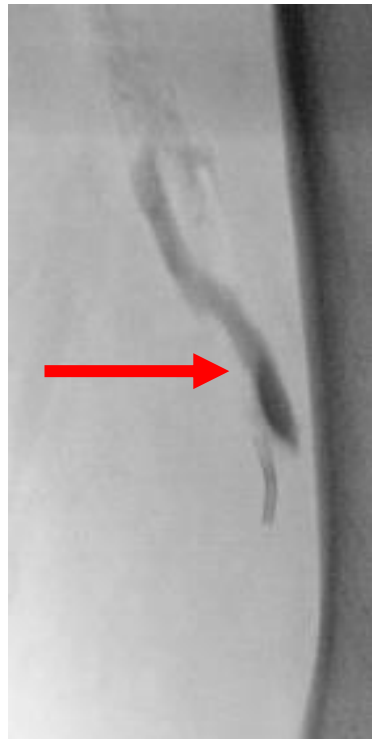


With major calcification

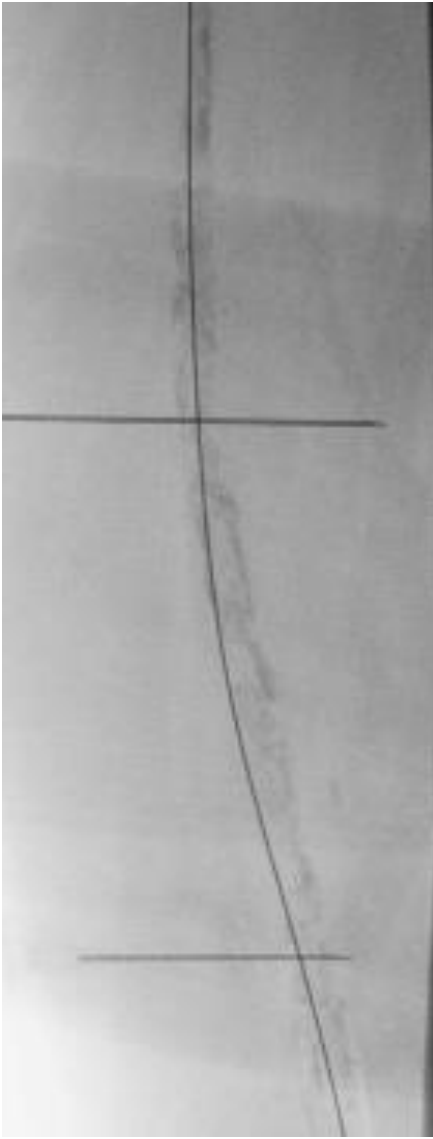
Clinical case n° 3



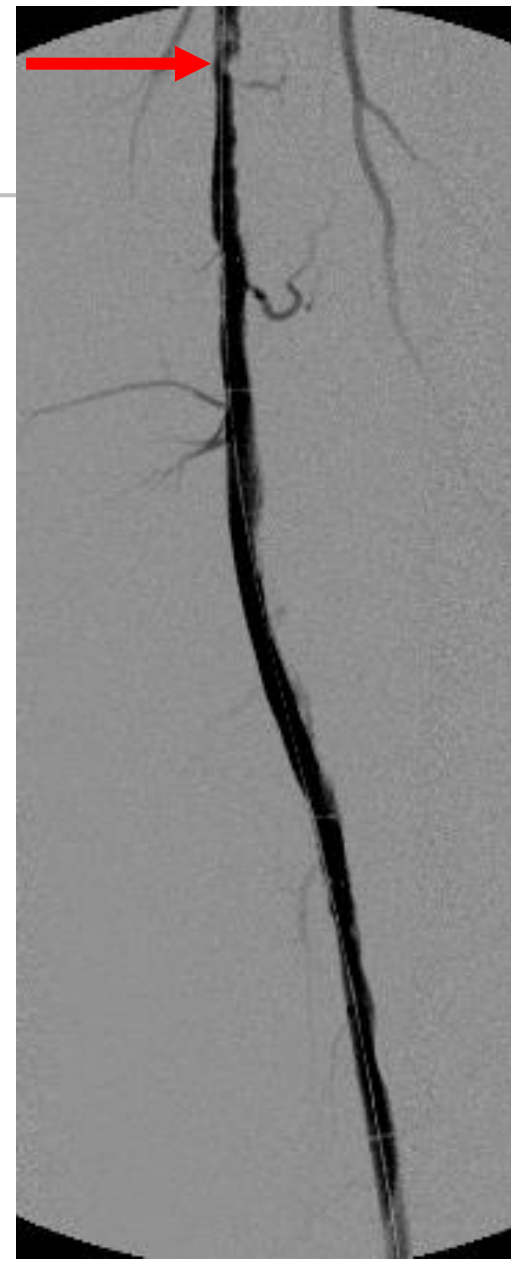
Subintimal recanalisation

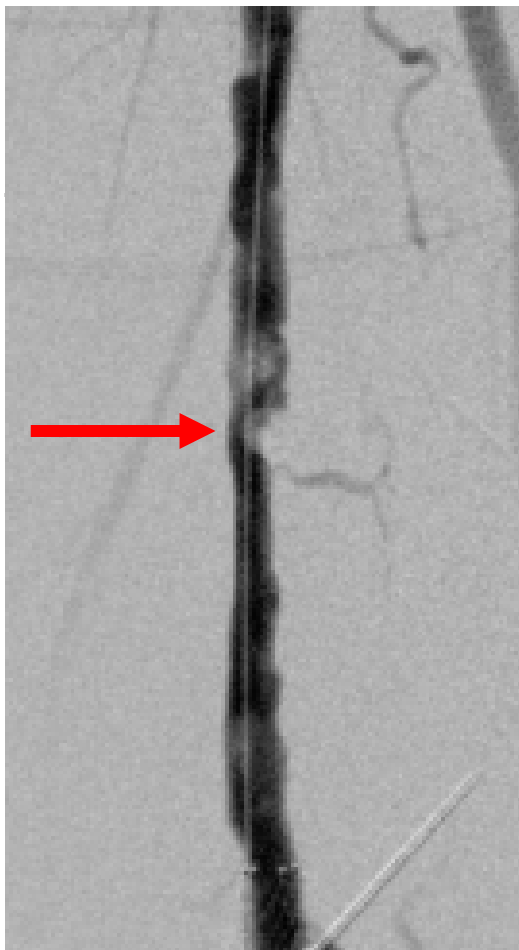


Zilver PTX 6x120mm

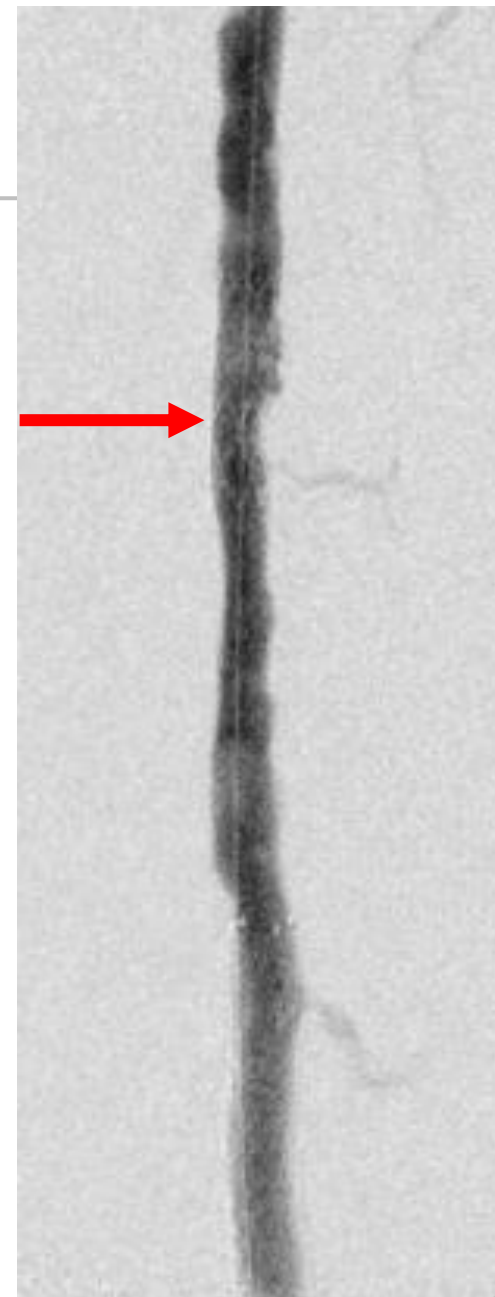
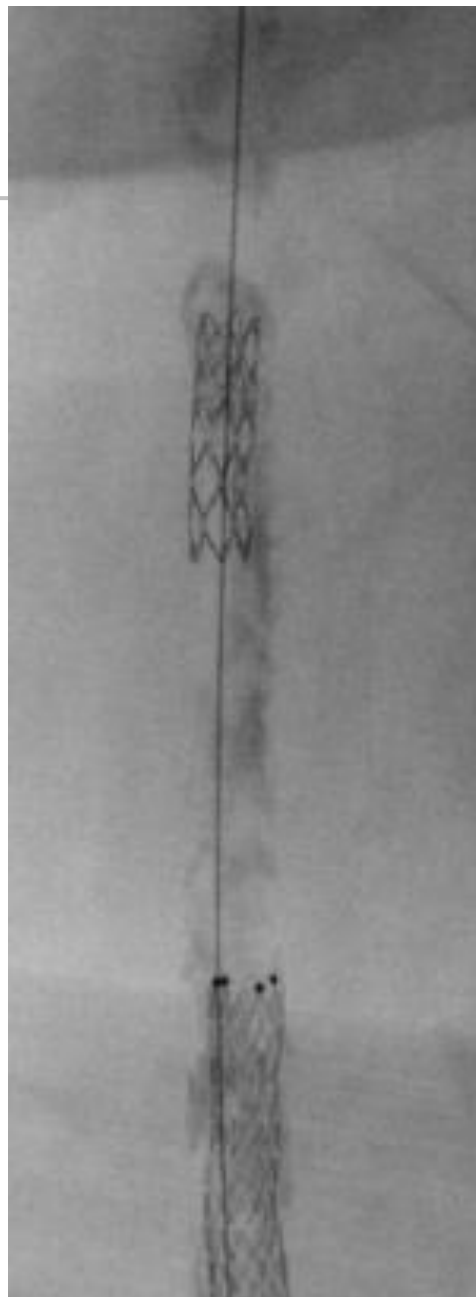


True lumen





Bare metal stent



Clinical case n° 3

- 1 year follow-up
- No claudication
- Restenosis ONLY in the BMS (70%, PSV 220 cm/sec, duplex ultrasound)