

Abstract 9

“Endotrash”: Stents Gone Awry in the Peripheral Circulation

Cliff Kitchens, William Jordan, Douglas Wirthlin, David Whitley

Introduction: As catheter based treatment for vascular occlusive disease increases, complications associated with intra-vascular stents may also be expected to increase. We present six unusual vascular complications secondary to mal-deployed or undeployed stents.

Methods: A computerized registry was reviewed to evaluate clinical and referral information for patients identified with vascular complications associated with mal-deployed stents. Additional patient information was obtained from clinical records. Arteriograms, intraoperative videos, and intraoperative photos were also reviewed.

Results: Six patients were identified and treated for management of mal-deployed intravascular stents. Two cases involved supra aortic branches (carotid and subclavian) and required complex revascularization. Three other patients had stents maldeployed in the infra-diaphragmatic aorta or visceral branches. Two of these patients required major aortic reconstruction while one patient was managed non-operatively leading to renal artery thrombosis and dialysis. One patient suffered embolization of a coronary stent and required local excision. Three of these six cases required urgent revascularization.

Conclusions: Mal-deployed stents may increase the risk of distal vascular complications and require more detailed consideration for arterial reconstruction. Foreign bodies can migrate distally and potentiate occlusive problems of distal vessels. Caution must be used not only at the time of deployment but also in careful follow-up.