

Superficial femoral artery TASC D Registry

Twelve months effectiveness analysis of the Pulsar-18 self-expanding nitinol stent in patients with critical limb ischemia (CLI)¹

Conclusions

- SFA TASC D lesions can be treated with the Pulsar-18 stent with 100 % procedural success in CLI patients
- The average lesion length of 24.5 cm is much longer than other published data while Primary Patency and Freedom from Target Lesion Revascularization rates are similar to this published data
- In these very long and chronic total occluded lesions the Pulsar-18 stents provide sufficient radial force shown by the 77 % Primary Patency at 12-months

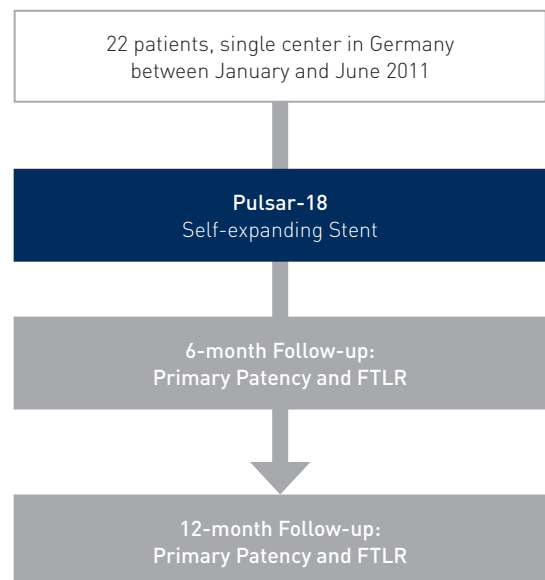
Study design

- Single Center, prospective registry
- P.I. Dr. Michael Lichtenberg, Klinikum Arnsberg, Germany
- Enrollment 22 patients
- Follow-up at 6- and 12-months

Endpoint(s)

- Primary Patency* at 12-months
- Freedom from Target Lesion Revascularization (FTLR)

* = Peak Systolic Velocity Ratio < 2.5 m/s duplex ultrasound



¹ Lichtenberg M, Stahlhoff W, Boese D; J. Cardiovasc Surg 2013; 54: 433-9

Patient demographics

Rutherford class ≥ 4	100 %
Mean ABI	0.44 \pm 0.18
Smoker	45.5 %
Diabetes	72.7 %
Hyperlipidemia	81.6 %
Hypertension	72.7 %
Renal insufficiency	81.8 %

Lesion characteristics

Number of lesions	22
Chronic Total Occlusion	100 %
Average lesion length	24.5 cm [21.5 - 31.5 cm]
Sub intimal recanalizations	81.8 %
Stent ratio per patient	2.4

Results

	6-months	12-months
Technical success	100 %	
Primary Patency	86 %	77 %
FTLR	91 %	86 %
Mean ABI	0.88 \pm 0.2	0.85 \pm 0.2

No stent fracture in patients with restenosis

Rutherford class (RC) changes

