CASE REPORT



Successful Removal of Bilateral Embolization Using the Pounce[™] Thrombectomy System



Bruce H. Gray, DO, MSVM

Professor of Surgery/Vascular Medicine University of South Carolina School of Medicine Greenville, South Carolina

PATIENT PRESENTATION

A 44-year-old woman who worked as a mail carrier presented with a 4-week history of claudication. She had no risk factors for atherosclerosis, was in normal sinus rhythm, and had no history of medical illness.

DIAGNOSTIC FINDINGS

The patient was found to have bilateral embolization that caused an occlusion of the descending branch of the right profunda femoral artery, right popliteal artery occlusion, and left tibioperoneal trunk occlusion (**Figure One**). Baseline Arteriogram of Right Profunda Femoral Artery Occlusion



Right Popliteal Artery Occlusion



Left Tibioperoneal Trunk Occlusion



Arteriogram of Right Profunda Femoral Artery after Pounce™ System Passes



Right Popliteal Artery After Pounce™ System Passes Left Tibioperoneal Trunk After Pounce™ System Passes



Figure One

TREATMENT

Bilateral common femoral artery access enabled the Pounce[™] Thrombectomy System to remove the emboli and reestablish normalized flow without thrombolysis or surgical intervention (**Figures Two** and **Three**, on back). With the Pounce[™] Thrombectomy System, multiple vessels or branches of the arterial tree were able to be reopened during the same session.



Figure Two

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POST PROCEDURE OUTCOME

This embolization event was further evaluated with echocardiography (normal), but outpatient cardiac rhythm monitoring identified paroxysmal atrial fibrillation. She is still asymptomatic while on anticoagulation.

It is quite rewarding to normalize flow without an incision or exposing the patient to thrombolytic therapy. The Pounce[™] Thrombectomy System enabled a successful outcome to this case. Clot Removed from the Right Profunda Artery (A) and Left Tibioperoneal Trunk (B) After Use of the Pounce™ System





Figure Three



Surmodics, Inc. 7905 Golden Triangle Drive, Suite 190 Eden Prairie, MN 55344 USA Toll Free: 888-626-8501 Phone: 952-500-7400 www.pouncesystem.com

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