

CASE REPORT



Successful Removal of Bilateral Embolization Using the Pounce™ Thrombectomy System



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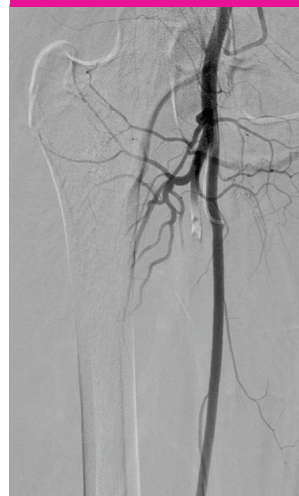
PATIENT PRESENTATION

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.

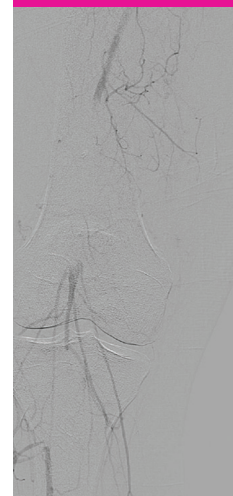
DIAGNOSTIC FINDINGS

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

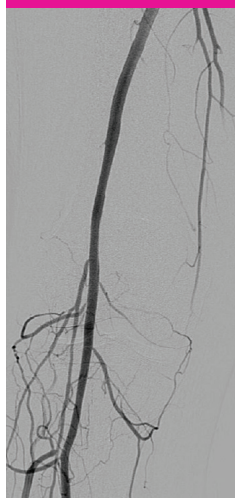


Figure One

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 Two

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.

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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

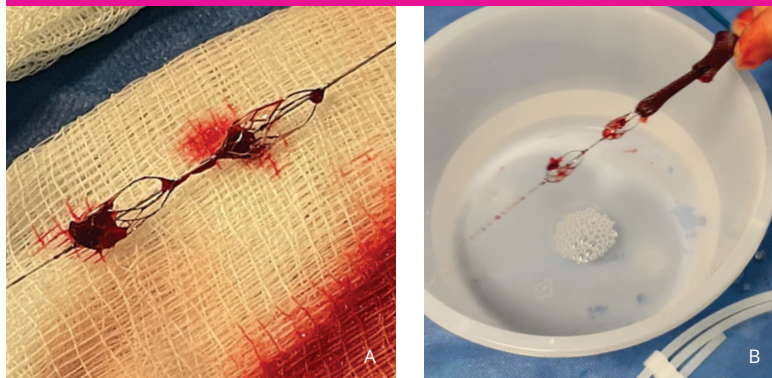


Figure Three