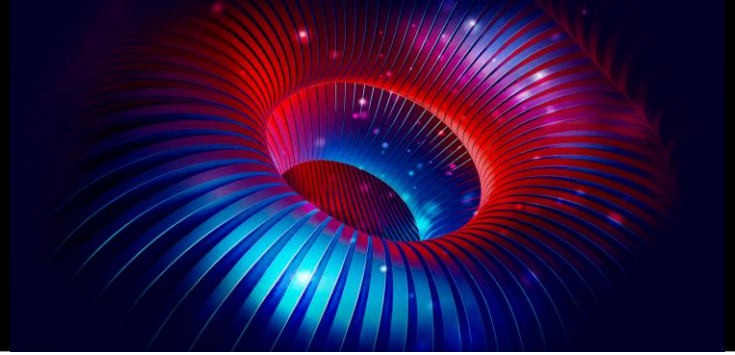
CJV WORLD
CHALLENGES & INNOVATIONS IN VASCULAR WORLD
31 MARS
1ER AVRIL 2026
MÉRIDIEN ÉTOILE
PARIS



Traitement endovasculaire des lesions du trepied femoral l'age n'est plus qu'un chiffre

Hidayet Bennacer

GHEF, Hopital de Marne-la-Vallèe

Paris, France

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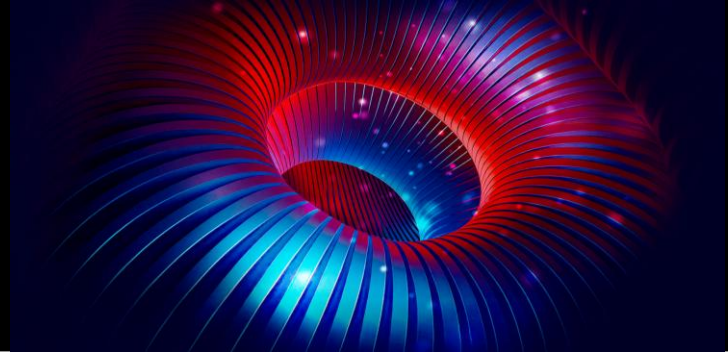
Conflits et liens d’intérêts



Je n’ai aucun conflit d’intérêt potentiel à déclarer

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94 y-old female patient

Severe life-limiting claudication evolved in REST PAIN

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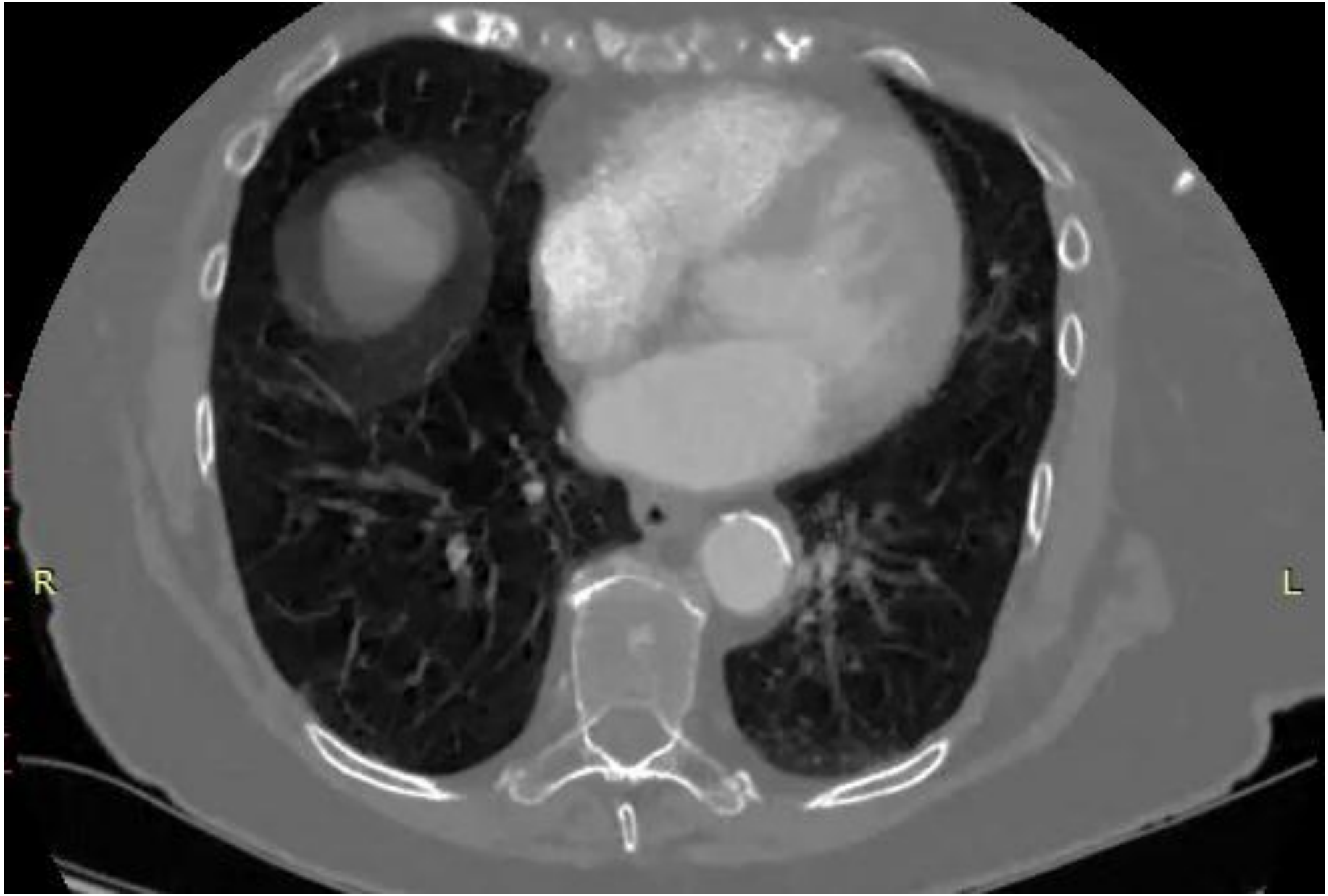

R
L


WHAT WOULD YOU LIKE TO DO?

OPTION 1

OPTION 2

OPTION 3


I KNOW,
I KNOW,


I like big
cuts and I
cannot lie


YES, BUT...

J Vasc Surg. 2024 Jul;80(1):199-203. doi: 10.1016/j.jvs.2024.01.211. Epub 2024 Feb 14.

Morbidity and mortality of common femoral endarterectomy

Michael Chaney [1], Gaurang Joshi [2], Jose Cataneo Serrato [2], Mohammad Rashid [2], Abraham Jacobs [2], Chad E Jacobs [2], John V White [2], Lewis B Schwartz [2], Rym El Khoury [3]

Conclusions

Although commonly performed CFE is not a benign vascular procedure. Disease presentation, anesthetic risk, and expected longevity play an important role in clinical outcomes. Evolving endovascular approaches to the common femoral artery could serve to reduce morbidity and mortality in the future.


Hey, I've seen this one!

J Vasc Surg. 2015 Jun;61(6):1489-94.e1. doi: 10.1016/j.jvs.2015.01.024. Epub 2015 Feb 19.

Postoperative complications after common femoral endarterectomy

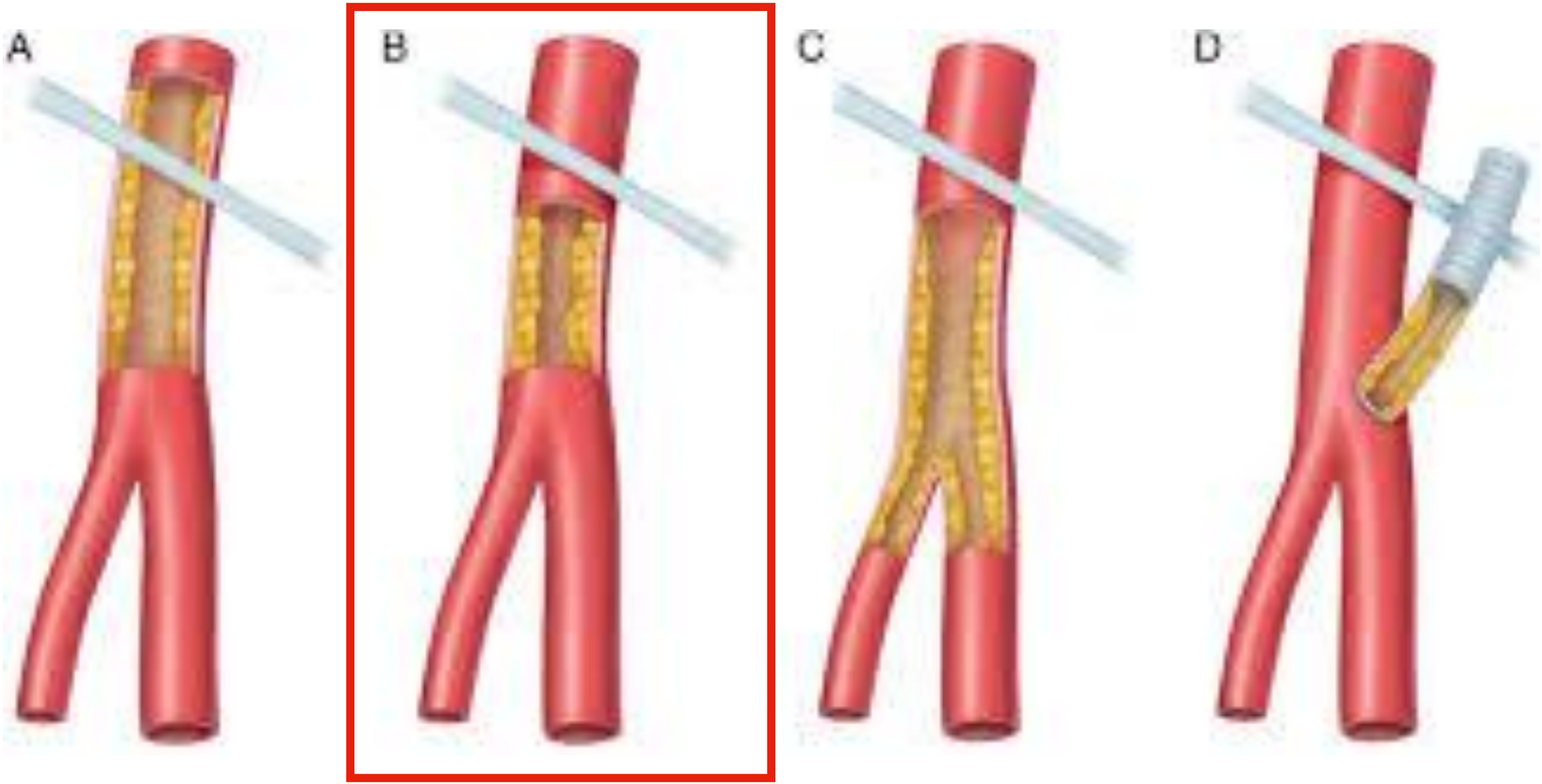
Bao-Ngoc Nguyen [1], Richard L Amdur [2], Mustafa Abugideiri [2], Rodeen Rahbar [2], Richard F Neville [2], Anton N Sidawy [2]

The average operative time was 146 ± 69.5 minutes

dysfunction, and pulmonary complication were relatively low. There was 3.4% mortality and 8% wound-related complications, 30% and 86% of which occurred after hospital discharge, respectively. Overall, there was a 15% risk of combined mortality/morbidity, and >60% of these events occurred after discharge. The independent predictors of 30-day mortality were

Conclusions: CFE is not as "benign" a procedure as previously believed. The risks of death and wound complications are not insignificant, and a high percentage of these complications occurred after patients were discharged from the hospital. Patients should be carefully selected, especially in the elderly population, and close postoperative follow-up should be considered.

FROM THE ANATOMICAL POINT OF VIEW



Azéma L, Davaine JM, et al. Endovascular repair of common femoral artery and concomitant arterial lesions. Eur J Vasc Endovasc Surg. 2011 Jun;41(6):787-93.

> Eur J Vasc Endovasc Surg. 2022 Dec;64(6):684-691. doi: 10.1016/j.ejvs.2022.08.034.
Epub 2022 Sep 6.

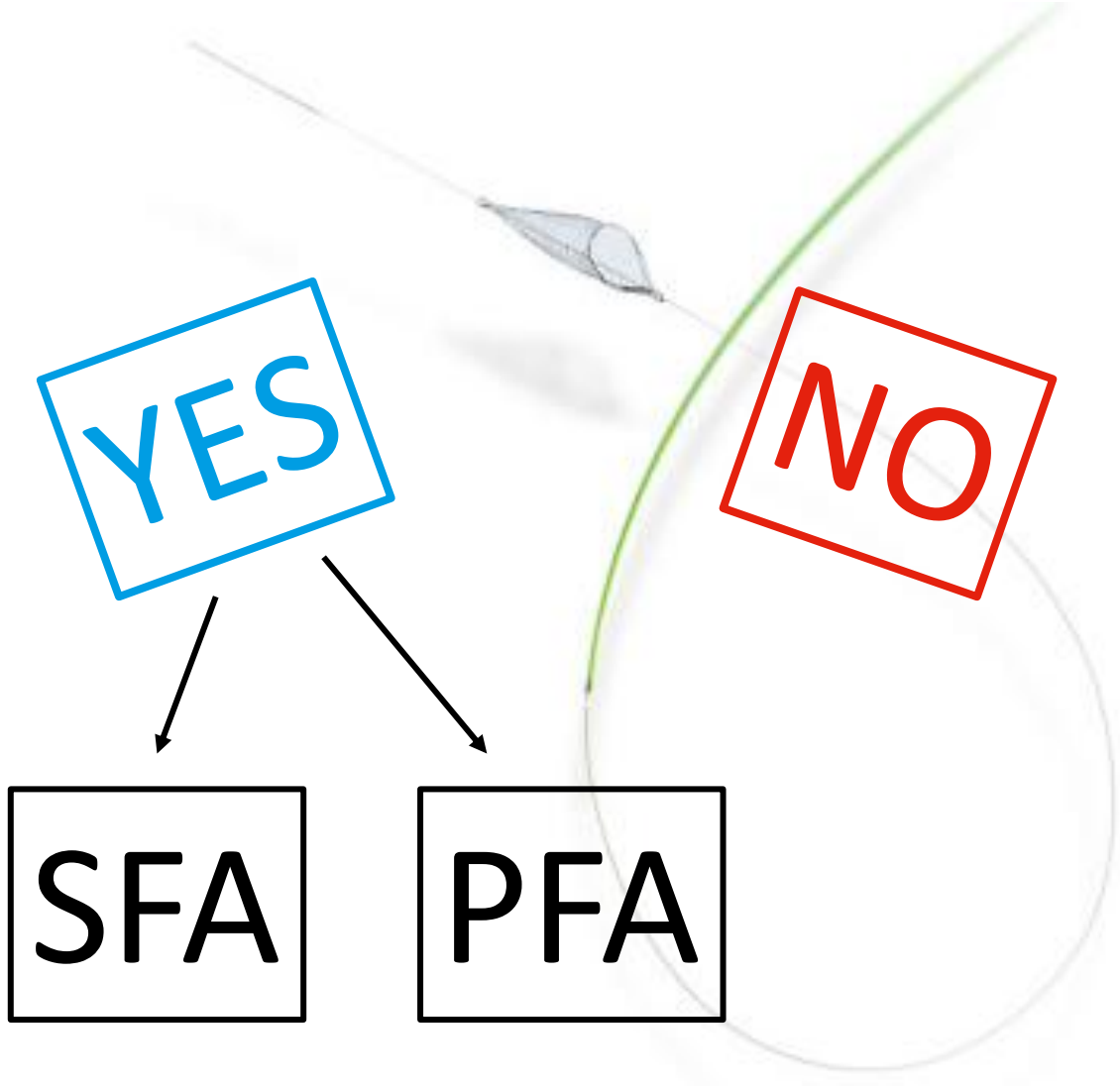
Editor's Choice - Eligibility of Common Femoral Artery Atherosclerotic Disease for Endovascular Treatment - the CONFESS Study

Gabriela Kaneta [1], Shehzeen Husain [2], Liam Musto [3], Tatiana Hamakarim [4], Ahmed Elsharkawi [2], Sofia Littlejohn [3], Jessica Helm [3], Athanasios Saratzis [3], Hany Zayed [2]

ischaemia. Overall, 35% of CFAs had a localised lesion (no bifurcation disease) that could possibly be treated endovascularly. In total, 376 (45%) target vessels did not feature severe calcium load,

Conclusion: A significant proportion of patients with atherosclerotic CFA lesions who undergo surgery could potentially be candidates for endovascular treatment. A randomised trial comparing


LET'S DO THIS!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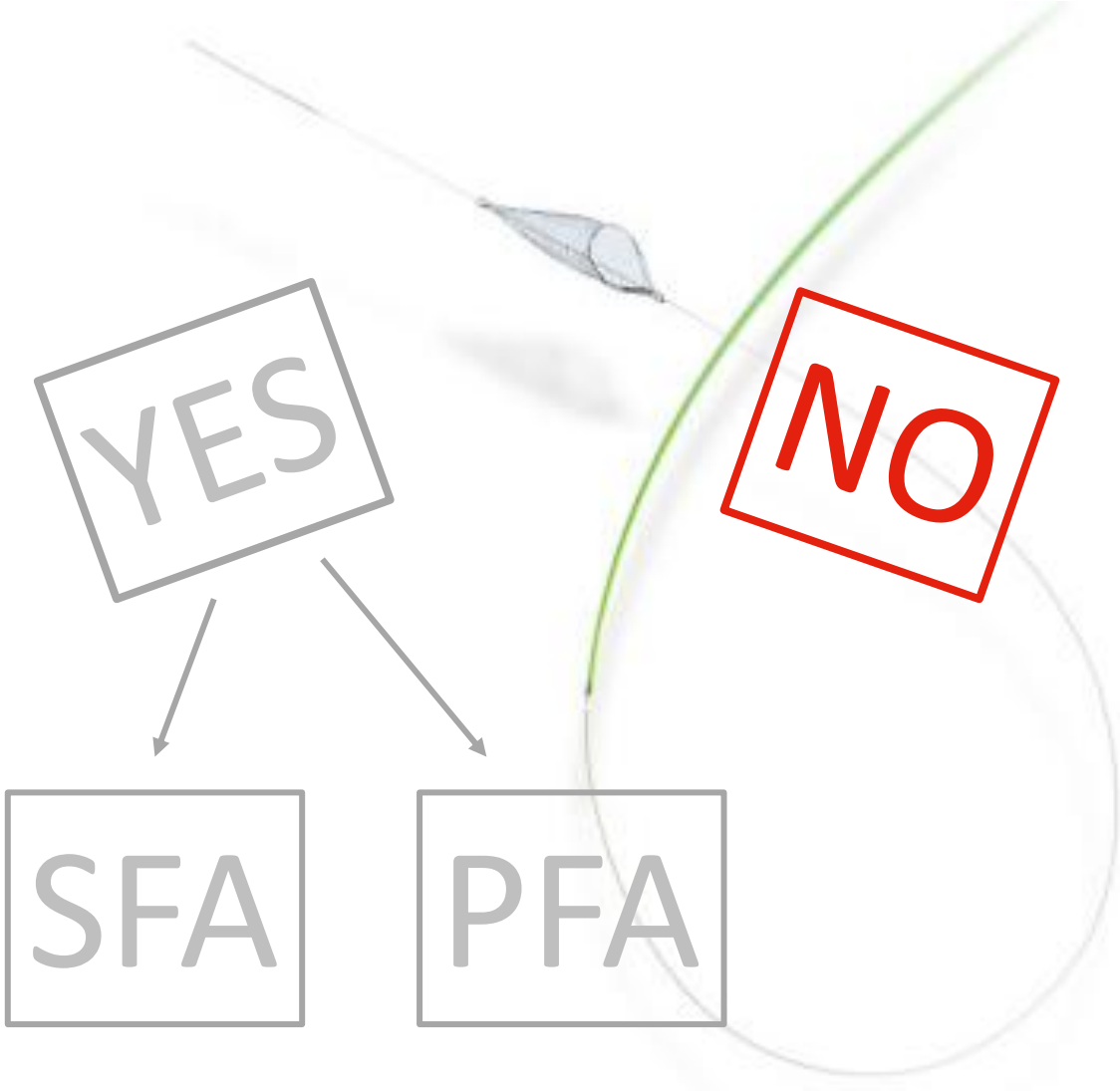
NO
SFA
PFA


YES
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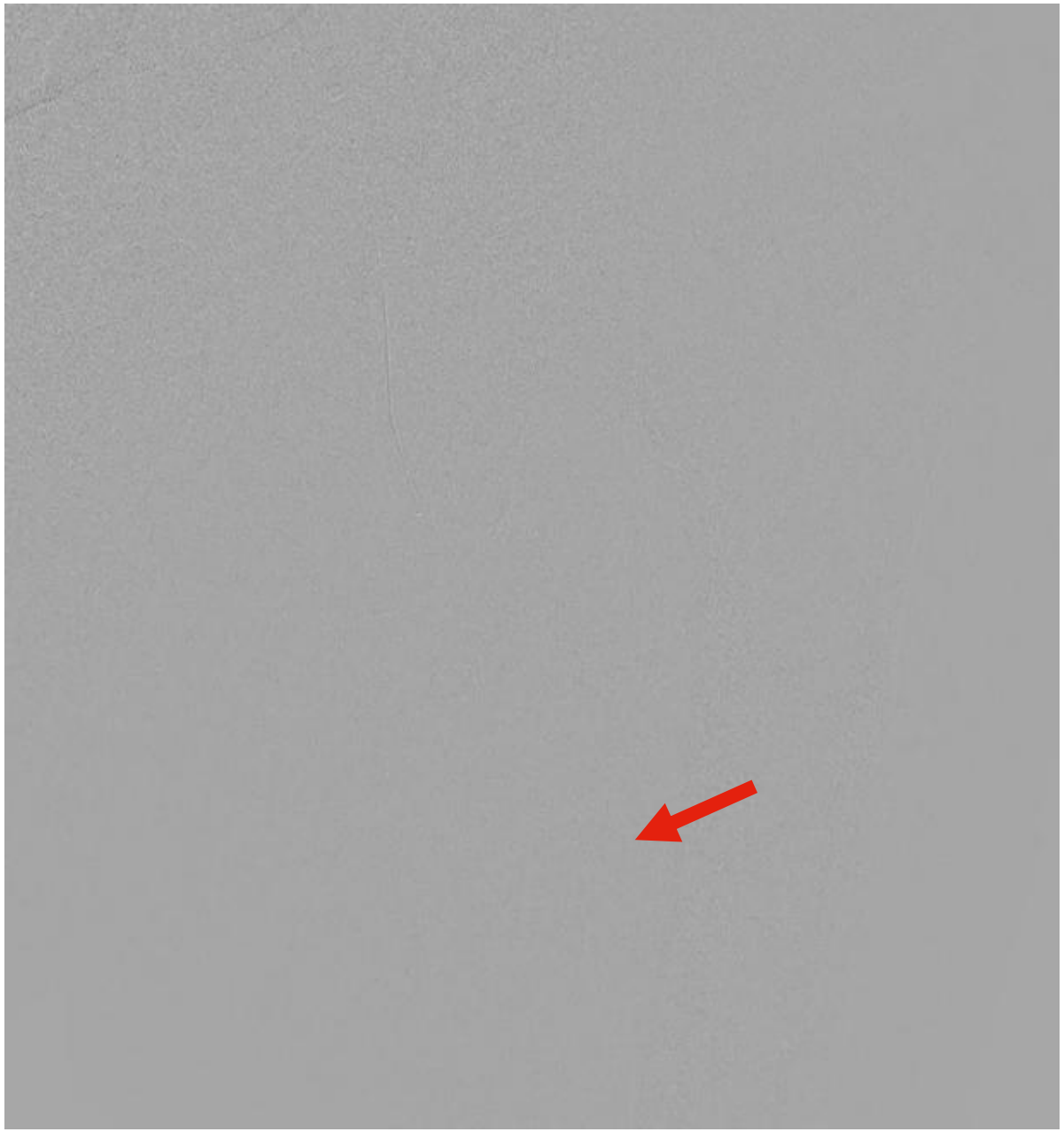
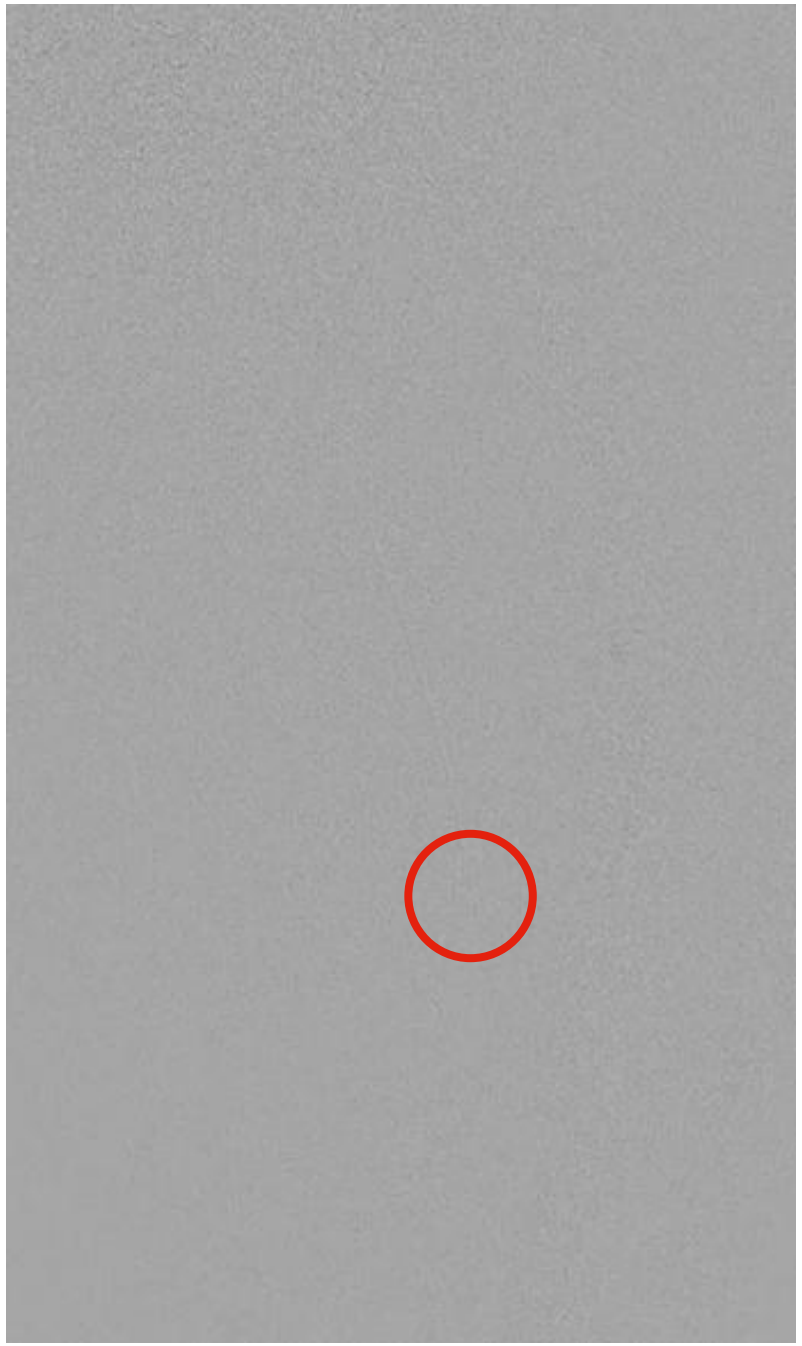
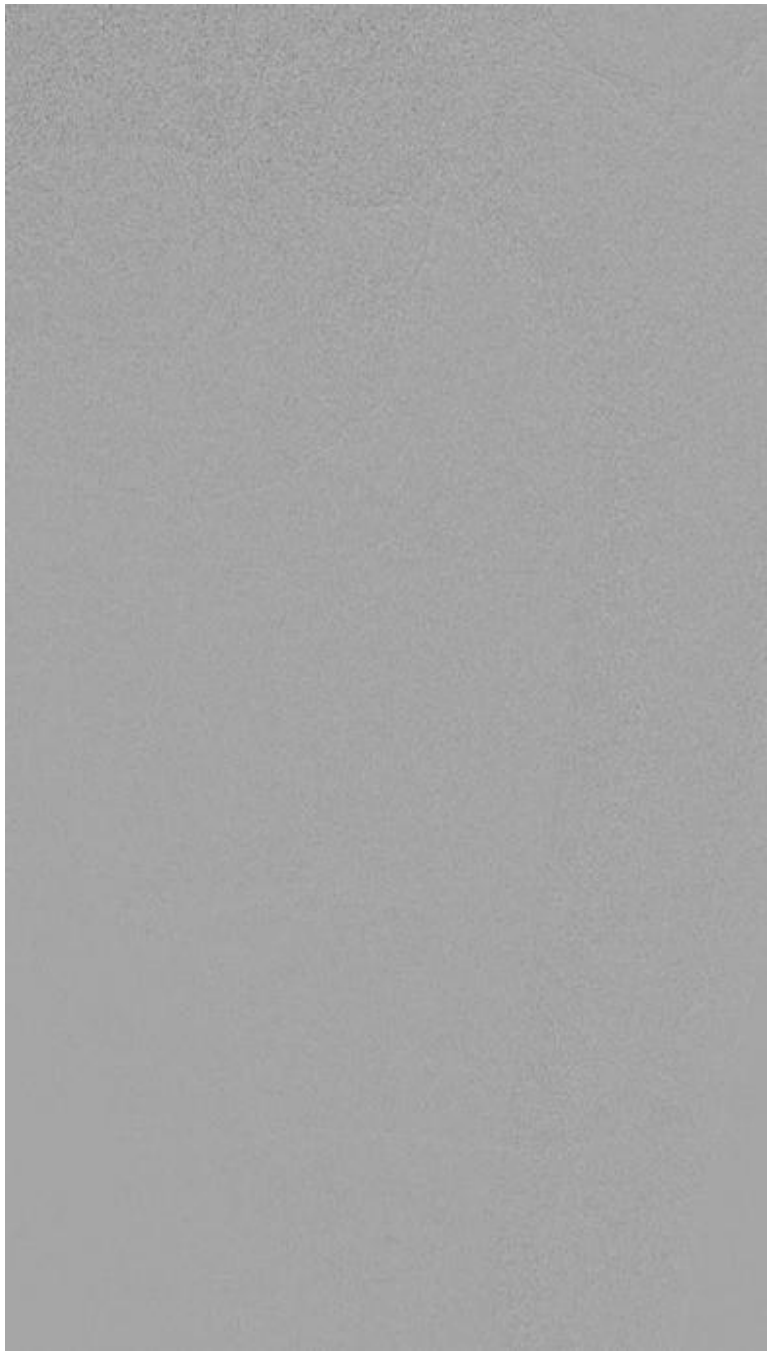
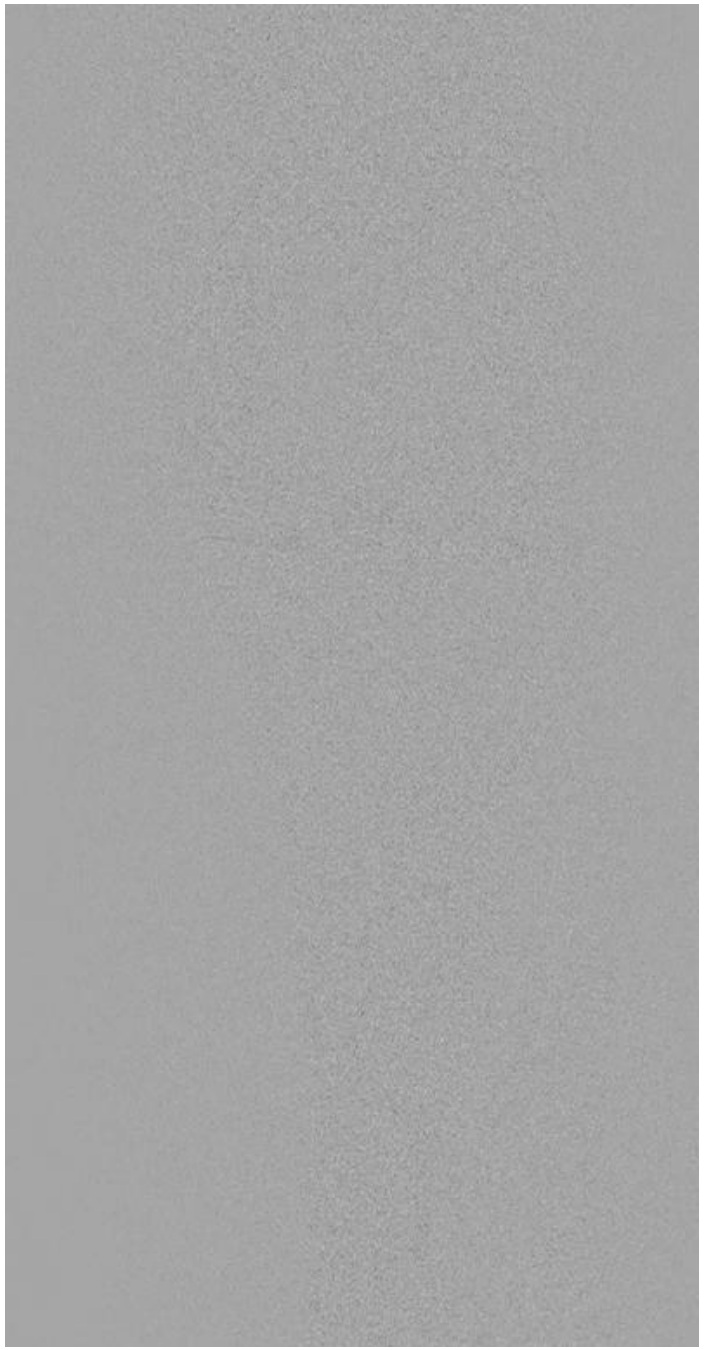
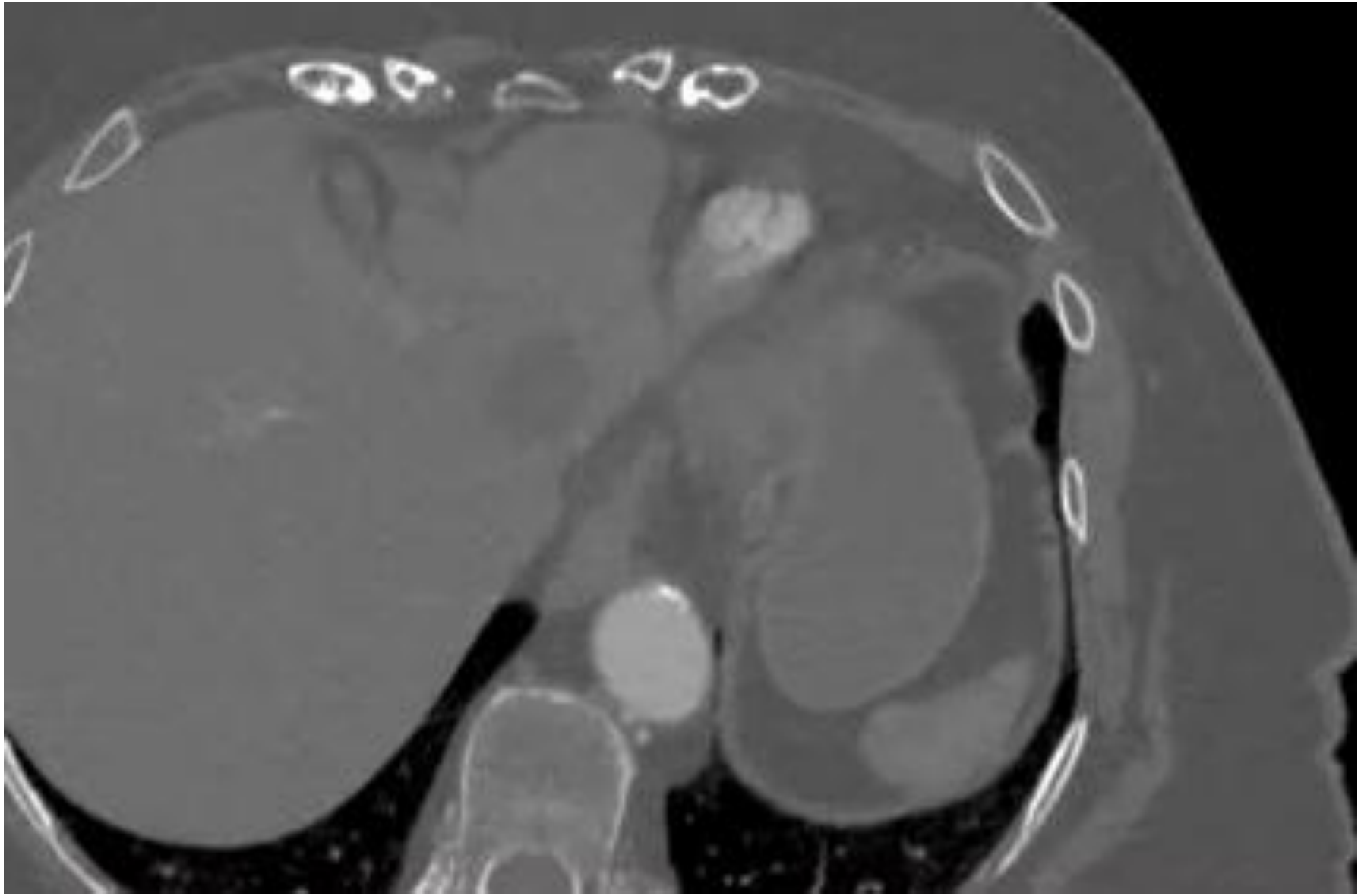
YES




ELEMENTOFCRIME

6-MONTH CT SCAN



CONCLUSIONS… DID I CONVINCE YOU?

TAILOR YOUR TREATMENT ON YOUR PATIENT AND HIS/HER ANATOMY WITHOUT OLD PREJUDICES

KNOW YOUR DEVICES AND YOUR BAILOUT TECHNIQUES

THANK YOU FOR ATTENTION