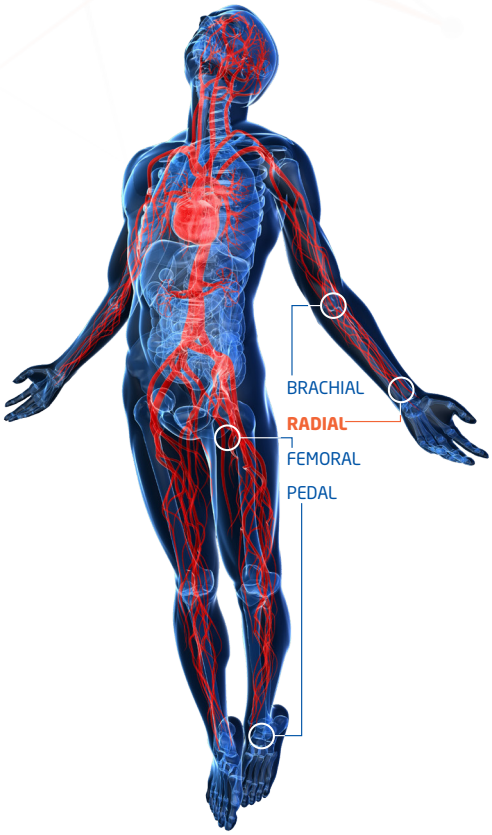
MICRO™
INVASIVE TECHNOLOGIES
by QualiMed® | A Q3 Medical Company

5 F

Case Report

Mono-lateral Iliac Artery Stenosis

Clinica Montevergine
Mercogliano, Italy



- ☑ **GWQ 18** 0,018" Guidewire
- ☑ **GSQ** Guiding Sheath w/dilator
- ☑ **SCQ** Support Catheter
- ☐ **PVQ 14 / 18 / 18 DF** PTA Balloon
- ☑ **QBX 18** Balloon Expandable Stent
- ⛶ *QSX 18 Self-Expanding Stent* (Product Under Development)*

Angelo Cioppa, MD

Introduction

71 y/o male, ex-smoker with widespread atherosclerotic disease, coronary heart disease, and alcohol-induced liver cirrhosis.

Despite angioplasty and implantation of a bi-iliac stent via "kissing stent" technique in 2013 (Leriche syndrome), the patient returned with claudication at 50 meters due to the left leg (image 1).

Due to the deteriorated condition of the contralateral femoral artery, it was decided to access the vascular system through the radial artery.

Patient was affected by a highly calcified mono-lateral Iliac artery stenosis of 70%.

Methods

The MIT system, **GSQ** guiding sheath, was advance over an 0,018" guidewire, passing through the aortic arch and then advanced distally to the iliac artery.

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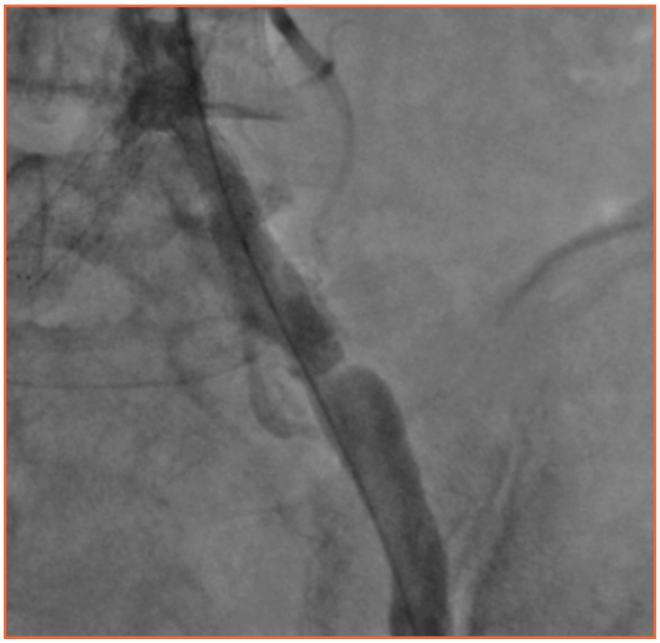

Image 1. Claudication of left leg.

The dilator, was removed from the **GSQ** guiding sheath system, and the pathway was open for the placement of MIT **QBX 18** balloon expandable stent (5F, 8x36mm). The **QBX 18** stent was easily navigated through the entire **GSQ** and crossed the lesion in the iliac artery.

The **QBX 18** was advanced through the arterial narrowing, expanded precisely covering the entire lesion, and successfully opened the occluded vessel (image 2). There was no discernible difference for the time of the procedure and the final procedural result was successful.

Thanks to the MIT System the procedure was entirely conducted with 5F compatible devices, no vascular closure device (VCD) was used, and the patient was immediately able to walk following the procedure.

Post procedural recovery time and cost compared to a classic 6F procedure through the femoral artery was improved through the ability to perform the procedure with the smaller MIT devices through the arm, this allowed the patient to immediately ambulate following the procedure, while eliminating the potential need for any VCDs and associated femoral vascular access site complications.

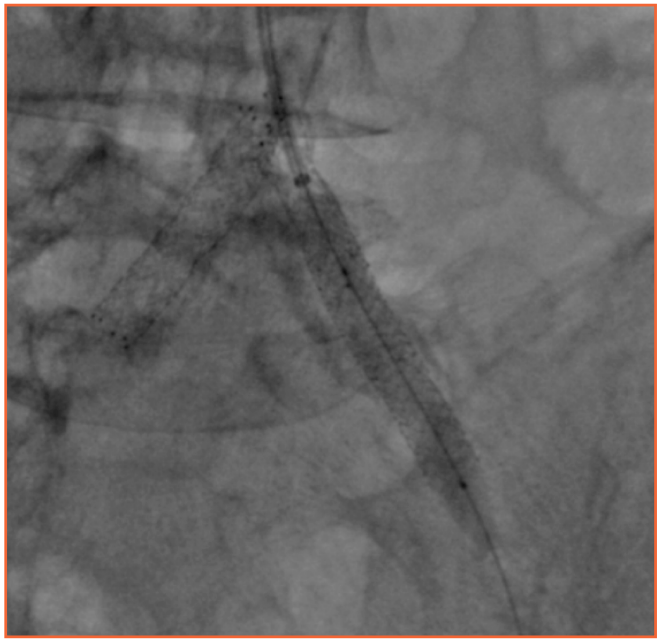

Image 2. QBX 18 stent being placed in the occluded vessel.

While the entire procedure was performed via transradial approach, the MIT system is also available for transfemoral access as well.

Discussion

1. The MIT system used in the radial approach performed well in vascular navigation.
2. The MIT **GSQ** guiding sheath easily navigated through the vascular system while being utilized through a radial artery approach.

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3. The final position for treating the target vessel was accessed in a quick and easy way.
4. The **QBX 18's** delivery system did not find any resistance in advancing inside **GSQ** and easily navigated the aortic arch.
5. The **GSQ** allows an easy navigation of all 5F devices while allowing the operator to inject contrast media during device access including stent placement, which is an advantage for the operators that always want to check, step by step, what is happening in the vessel.

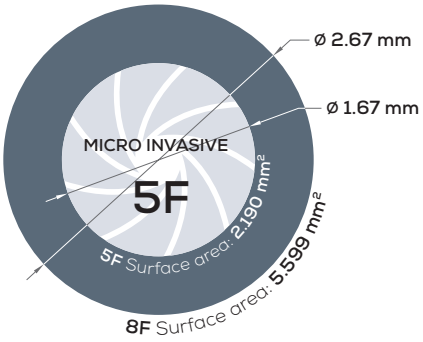
Physician Feedback

Dr. Cioppa offered his advice and desire for collaboration conducting additional cases, clinical studies, and new applications for MIT devices.

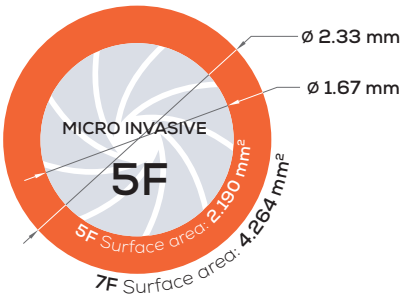
The **QBX 18** 5F compatible stent was declared as excellent by Dr. Cioppa, who is a very skilled and well-known operator: "Precise positioning, optimal radial force and good conformability makes **QBX 18** 5F a top performing device."

Puncture Site Surface Area (PSSA)

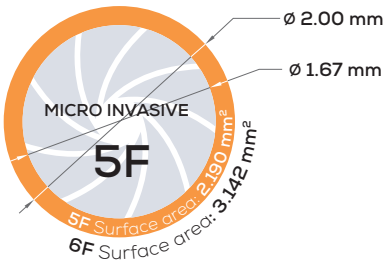
8F PSSA is 255% > 5F



7F PSSA is 195% > 5F



6F PSSA is 145% > 5F



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