Successful Removal of 20 cm SFA Thrombus with Pounce[™] Thrombectomy System

Patient Presentation

- 52-year-old female presented with a cold, painful lower left leg.
- Medical history included chronic lung disease.
- Patient was admitted to the hospital, started on intravenous heparin.
- ABI of 0.5 on the left side. Lower extremity (left) angiogram demonstrated occluded SFA with thrombus just beyond the origin with reconstitution of the distal SFA via PFA collaterals.

Procedure Overview

- Pounce[™] Thrombectomy System baskets deployed mid-popliteal artery and pulled along length of SFA (approx. 20 cm), into funnel, and withdrawn from body.
- A small section of the thrombus was noted to have embolized into a large PFA branch due to the funnel being positioned proximal to the ostium of the PFA. The baskets and funnel were deployed mid and ostial PFA respectively, and the thrombus was successfully removed.
- Repeat angiogram revealed patent popliteal artery with two-vessel runoff to the foot via the AT and peroneal arteries.
- Post-procedure ABI was 1.0 on the left side.
- Patient discharged home 12 hours after procedure.

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PRF-TRFATMENT

IMAGING

Occluded SFA with

Thrombus

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Profunda Embolus



SCAN TO VIEW POUNCE[™] SYSTEM CASE REPORTS

Patent Profunda

After One Pass

INTRAPROCEDURAL IMAGING FINAL IMAGING

Final Angiography





Conclusion: The Pounce system provided a first-line treatment for the long length thrombotic occlusion in the diseased SFA. The quick restoration of flow both in the SFA and PFA avoided the need for thrombolytic therapy, further surgical revascularization, or any ICU bedtime.

CLOT REMOVED

SFA Thrombi and Emboli

Removed After One Pass

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