

# Novel Use of the Pounce™ Thrombectomy System for Acute Left Axillary Artery Thrombosis

## Patient Presentation

- 71-year-old female presented with ischemic rest pain and left hand/finger numbness.
- Patient has hypertension, hyperlipidemia, type 2 diabetes, and obstructive sleep apnea.
- Arch angiography demonstrated a type 1 arch with no pathology.
- Diagnostic angiography revealed severe stenosis with presence of thrombus in the proximal left axillary artery.

## Procedure Overview

- The Pounce™ Thrombectomy System baskets were positioned distal to the thrombus, with the funnel distal to the vertebral artery.
- After one pass, significant debris was removed.
- An intravascular ultrasound demonstrated ruptured plaque and minimal wall-adherent thrombus.
- DCB angioplasty was performed, and final angiography revealed minimal stenosis and normal runoff into the hand.



**Joseph Campbell, MD**

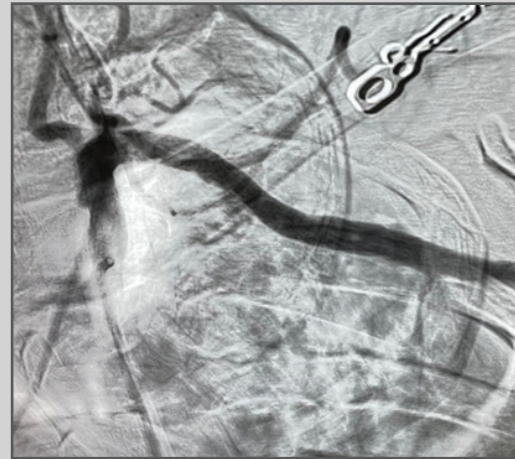
OhioHealth/Riverside Methodist Hospital  
Columbus, OH



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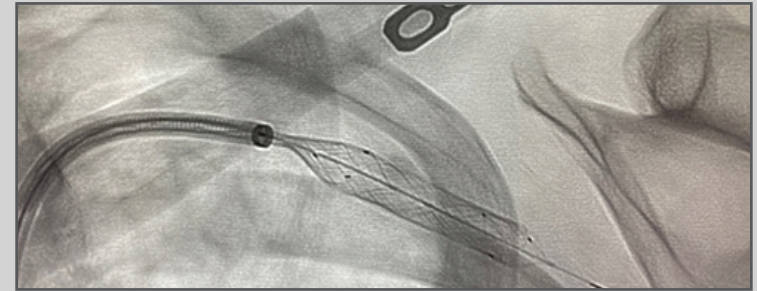


### PRE-TREATMENT IMAGING



**Diagnostic Angiogram from Left Subclavian Artery**

### INTRAPROCEDURAL IMAGING



**Pounce™ System Baskets Withdrawn into Funnel. Note the Distal Basket Markers Located at the Edge of the Funnel.**

### CLOT REMOVED

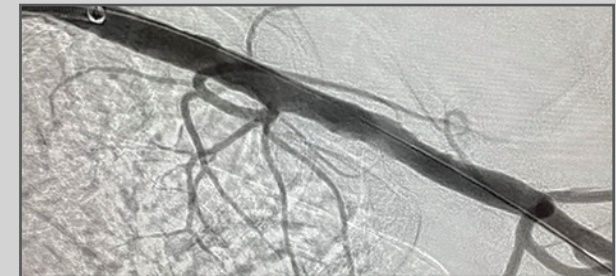
**Clot Removed After One Pounce™ System Pass**



### FINAL IMAGING



**Post Pounce™ System Pass**



**Post DCB Final Angiography**

**Conclusion:** The Pounce system allowed for a complex clinical presentation to be treated simply and easily without the need for a brachial cutdown. There was no evidence of distal embolization. The patient returned to normal functional activity with no need for wound care or physical therapy.



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