

DES vs. DCB+BMS vs. BMS+DCB vs. DCB+DES: The Winner is: Evaluation of the Different Treatment Strategies with a Focus on the Now Increasingly Common Combination of DCB plus BMS

Fabrizio Fanelli, MD, EBIR
 Professor of Interventional Radiology
 Director Vascular and Interventional Radiology Department
 "Careggi" University Hospital
 Florence - Italy

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Disclosures

• Consultant / Speaker / Proctor / Advisory Board

- Abbott
- BD Bard
- Boston Scientific
- Cook
- iVascular
- Medtronic
- Merit
- Penumbra
- Philips
- Volcano
- W.L. Gore & Associates
- Zyxos Tonbridge

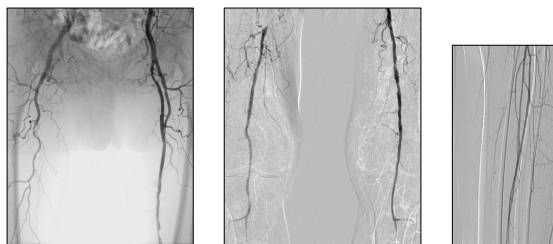
D.G. 67-y. Male

Heavy smoker, hypertension, cardiopathic

Right <50 mt claudication

USCD: occlusion Rt SFA

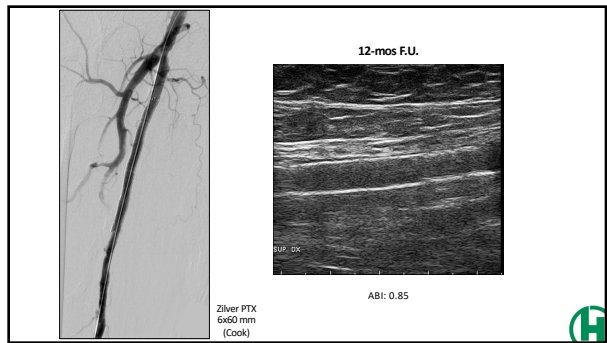
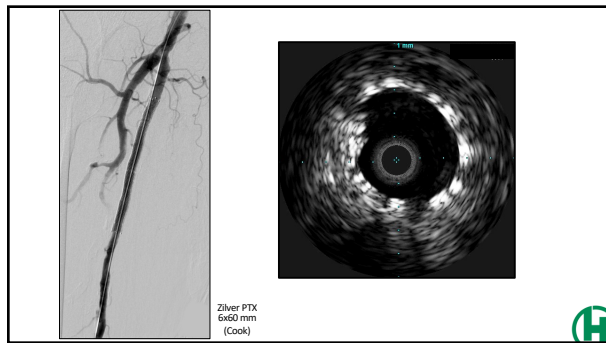
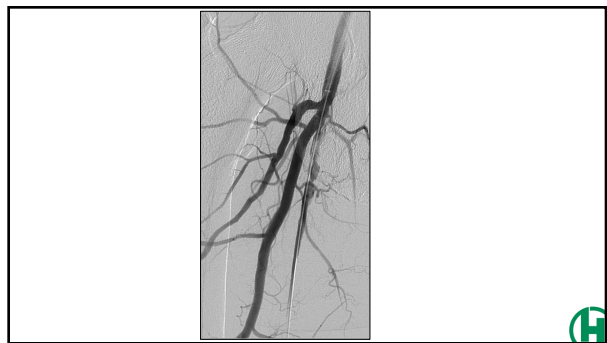
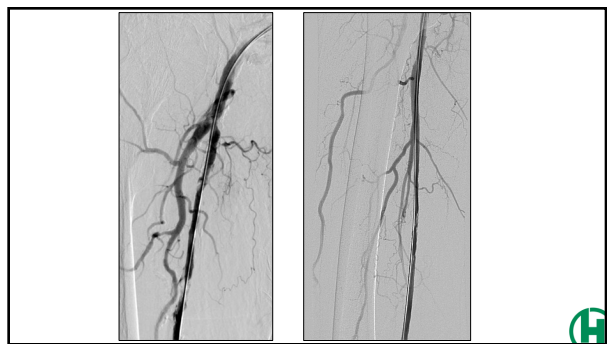
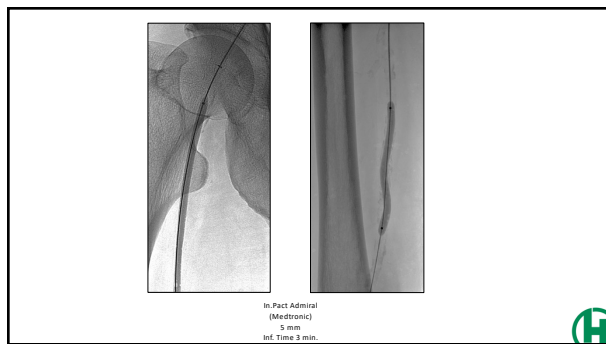
ABI: Rt. 0.65
 Lt. 0.90

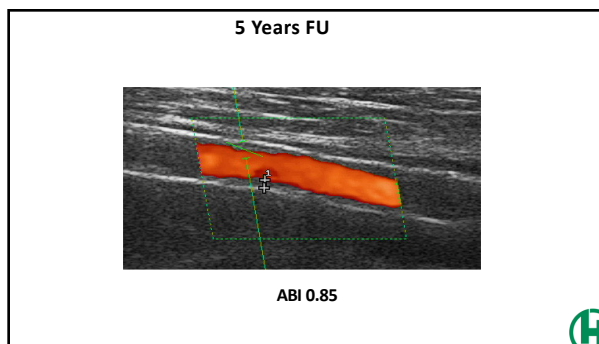
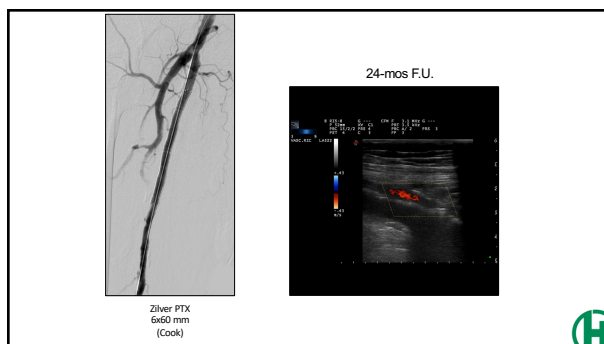


- Contralateral CFA access
- 6Fr braided introducer
- 0.035 standard hydrophilic GW
- 4Fr CXI (Cook)



Admiral
 (Medtronic)
 4 mm





Safety of Zilver PTX Drug-Eluting Stent Implantation Following Drug-Coated Balloon Dilatation in a Healthy Swine Model

Sho Torii, MD, PhD¹, Kazuyuki Yahagi, MD¹, Hiroyoshi Mori, MD¹, Emanuel Harari, MD¹, Maria E. Romero, MD¹, Frank D. Kolodgie, PhD¹, Brandt Young, PhD¹, Anthony Ragheb, PhD¹, Renu Virmani, MD¹, and Aloke V. Finn, MD¹

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with consistent trends between groups at all time points. Medial smooth muscle cell loss peaked at 1 month and was not statistically different between groups at any time point, although the loss was greater in the DCB+DES group. Sections with arterioles exhibiting paclitaxel-associated fibrinoid necrosis in downstream tissues were observed exclusively in the DCB group at 1 month (4.3% of sections) and 3 months (1.5%). **Conclusion:** This preclinical study suggests that Zilver PTX stent implantation is a safe strategy after DCB angioplasty and might be considered for patients who require stenting after DCB treatment.

Provisional Stenting Using the Zilver PTX Drug-Eluting Stent After Drug-Coated Balloon Angioplasty: Initial Experience From the Double Drug Dose "3D" Study

Fabrizio Fanelli, MD, EBIS, Alessandro Cannavale, MD, EBIS, CCS, L-3, and Vittorio Mele, MD. View all authors and affiliations
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J Endovasc Ther. 2020 Feb;27(1):34-41.

- PP 1y: 93.3%
- SP 1y: 100% p<0.005
- No local or systemic complications or toxicity were observed due to the use of a double dose of Paclitaxel
- No significant increase of all inflammatory indexes or aneurysm formation (p>0.05)

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