



# FLORIDA VASCULAR SOCIETY

## My Worst Case: Intracorporeal Sheath Entrapment And Fracture

**Sam Farres, MD**

Associate Professor of Surgery

Division of Vascular Surgery

Mayo Clinic, Florida

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# DISCLOSURES

- None

# CASE PRESENTATION

- 72-year-old man presented with:
  1. Rest pain.
  2. Infected non-healing foot wounds (ciprofloxacin-resistant *Pseudomonas aeruginosa*).
- Medical history:
  1. HTN.
  2. Type 2 DM.
  3. HF.
  4. Bilateral carotid stenosis.
  5. End stage renal Disease on HD
- Surgical history:
  1. Renal transplant (failed).
  2. CABG.
  3. Multiple left leg endo revascularizations (including intravascular lithotripsy, and drug-coated ballon angioplasty).



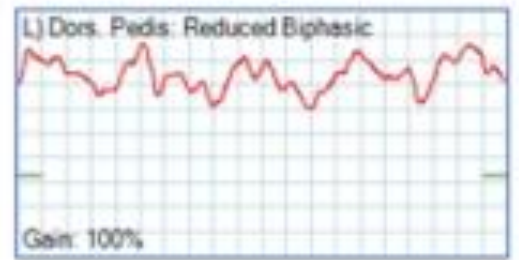
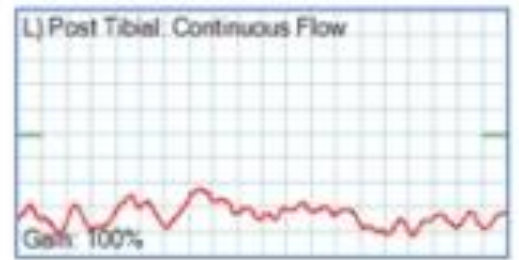
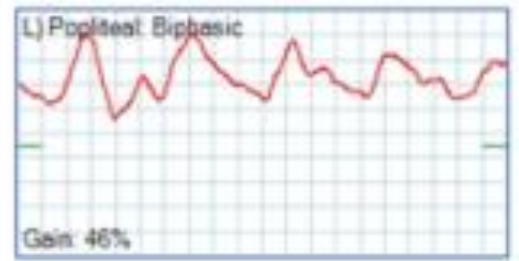
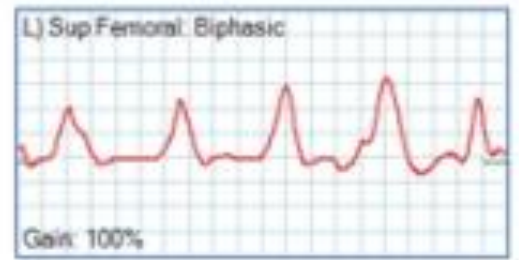
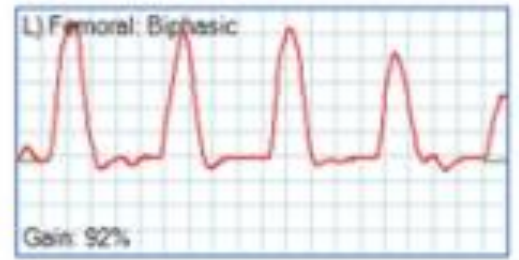
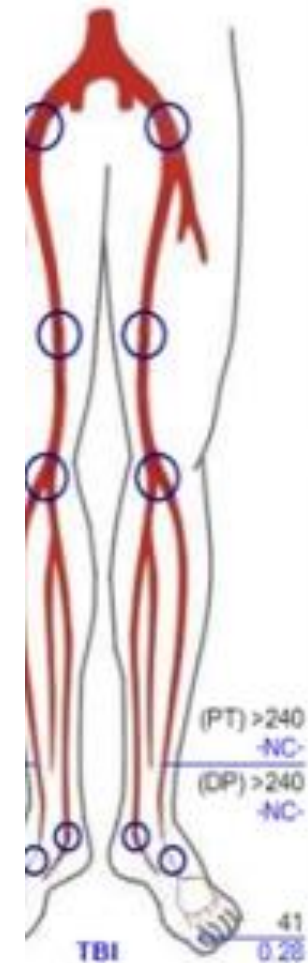
# CASE PRESENTATION

- Left Lower Extremity Arterial Doppler:
  - Biphasic proximal waveforms with worsening distal flow patterns.
  - Non-compressible vessels.
  - TBI 0.28

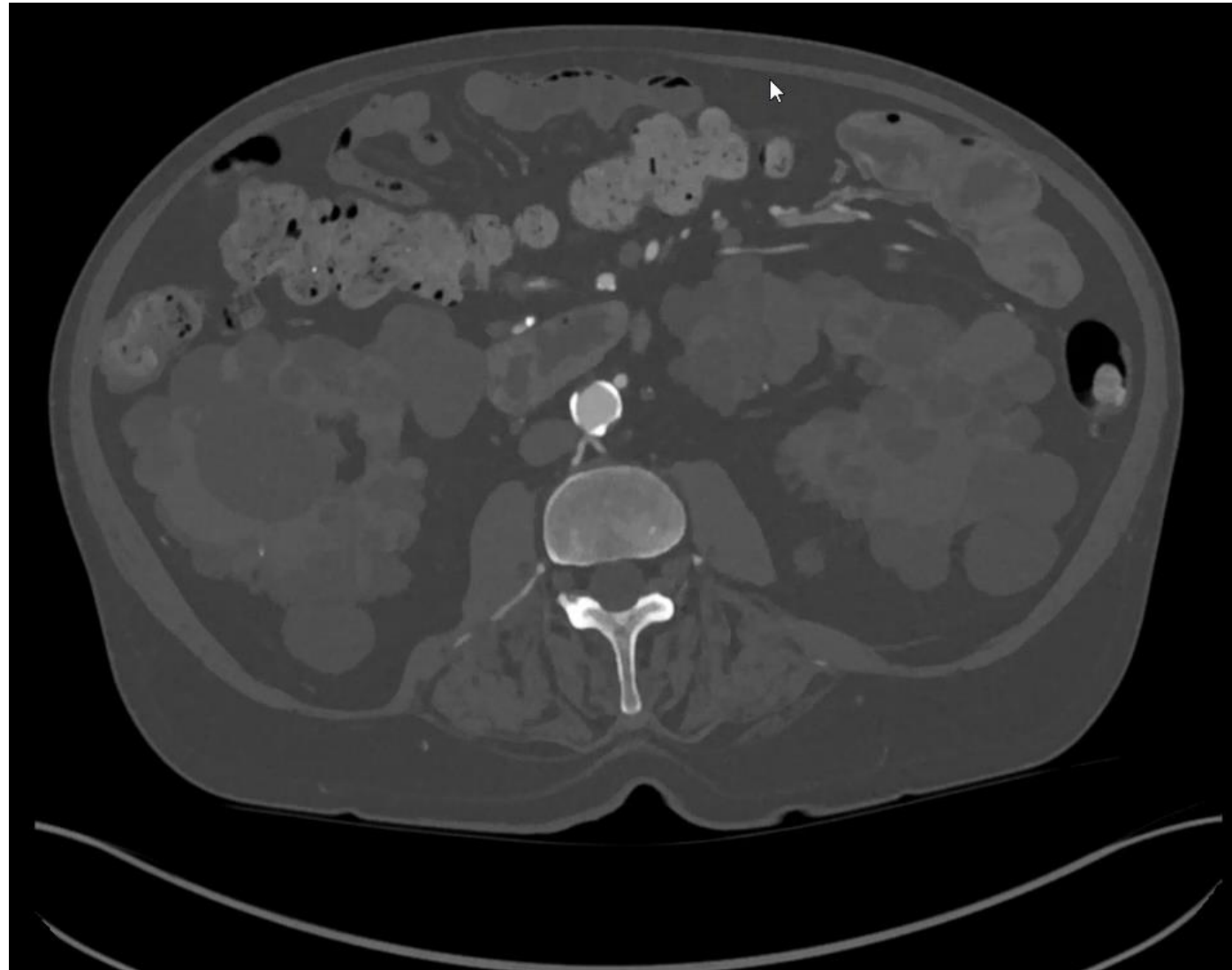
Segmental BP  
Ankle/Brachial Index

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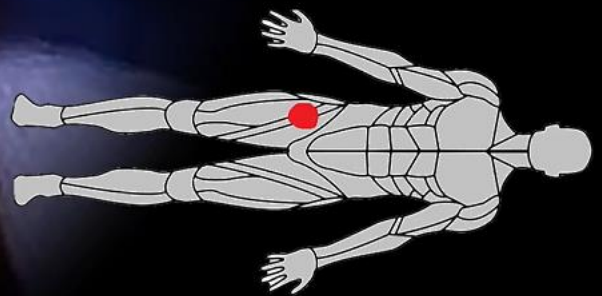
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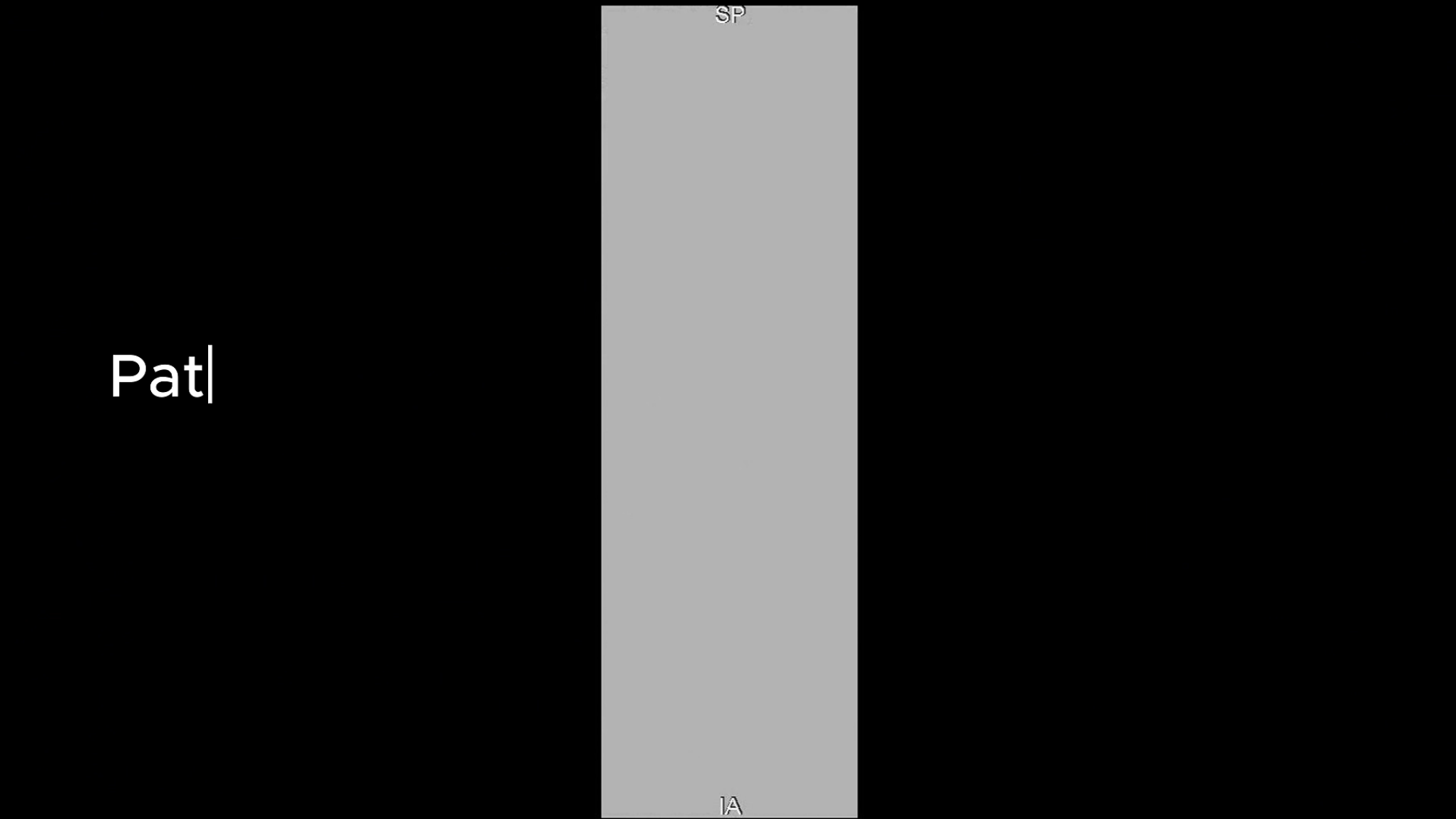
# CASE PRESENTATION



# Rigth contralateral retrograde femoral access



# COMPLETION ANGIOGRAPHY



# RESULTS

- The patient was discharged on post-operative day 2 on apixaban + dual antiplatelet therapy.
- At follow-up:
  - Bypass remained patent.
  - Rest pain resolved.
  - Foot wounds showed progressive healing.



# CONCLUSION

- Sheath entrapment and fracture in calcified vessels is a catastrophic complication that can result in retained foreign body and limb loss through thrombosis.
- Immediate recognition and prompt surgical conversion allowed complete device removal, durable revascularization, and limb salvage.

# THANK YOU

## Division of Vascular and Endovascular Surgery.

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Diego Sanchez, MD.  
Ekin Inal, MD.



@MAYOFL\_VASC\_RESEARCH

