

CASE REPORT



Successful Removal of Organized Thrombus With the Pounce™ Thrombectomy System After Failed Pharmacomechanical Treatment



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PATIENT PRESENTATION

A 53-year-old man presented with 2-week onset of rest pain. Noninvasive studies suggested occlusive thrombus disease throughout the SFA and popliteal artery. The initial angiogram confirmed organized thrombus throughout the SFA and popliteal arteries (**Figure One**).

TREATMENT

The initial procedural strategy was to drip tissue plasminogen activator (tPA) overnight. After 24-hour tPA treatment, the patient's foot appeared slightly improved and warmer to the touch; however, the follow-up angiogram did not indicate improvement of flow (**Figure Two**).

Initial Angiogram

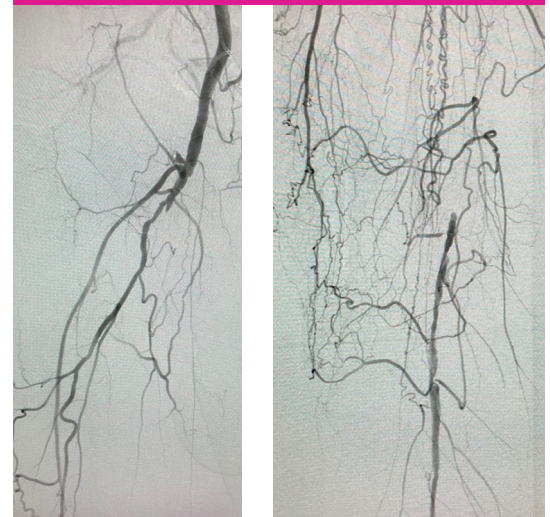


Figure One

Angiogram After 24-hour Pharmacomechanical Treatment



Figure Two

Angiography After Single Pounce™ System Pass Revealed Residual Atherosclerotic Lesion at Proximal SFA (A) and Thrombus at the TPT (B)

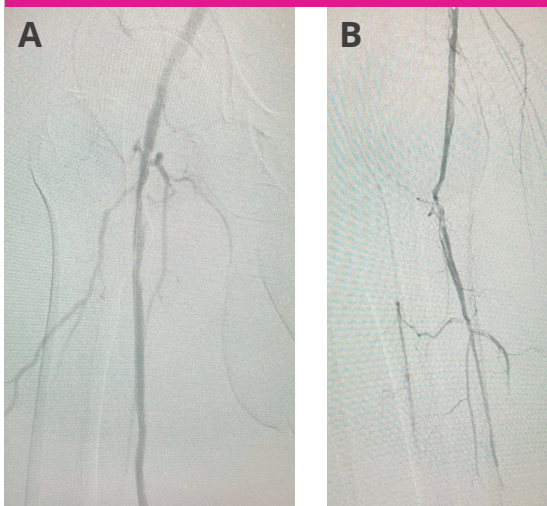


Figure Three

It was decided that percutaneous mechanical thrombectomy with the Pounce™ Thrombectomy System should be attempted. For the first pass, the Pounce system baskets were deployed in the popliteal artery and the funnel catheter was deployed in the common femoral artery. The baskets were retrieved into the funnel and the Pounce system was withdrawn from the patient, successfully removing organized thrombotic material. Subsequent angiography showed thrombus at the tibioperoneal trunk (TPT) and an atherosclerotic lesion in the SFA (**Figure Three**).

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**TPT After
One Pass with the
Pounce™ System**

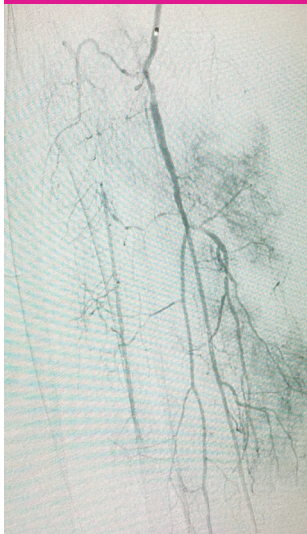


Figure Four

**TPT After
Angioplasty**



Figure Five

Another pass with the Pounce™ Thrombectomy System was made at the TPT (**Figure Four**), followed by angioplasty at the TPT, resulting in tibial runoff to the foot (**Figure Five**). Attention was then directed to the lesion in the SFA, where atherectomy and angioplasty using a drug-coated balloon (DCB) were performed.

POST PROCEDURE OUTCOME

The final angiogram (**Figure Six**) showed robust flow in the foot. The patient was discharged the same day as the Pounce system procedure with a proper anticoagulation regimen. The physician noted that the Pounce system provided prompt clearance of organized thrombus to enable subsequent treatment of underlying atherosclerotic lesions.

Final Angiogram Revealed Robust Flow to the Foot



Figure Six



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