Chronic lower extremity ischemia is a common cause of morbidity and disability in the United States. Intermittent claudication, defined as pain in the leg musculature following activity, is the earliest and most frequent presentation of chronic lower extremity ischemia. Aorto-iliac occlusive disease is characterized by hip, thigh, or buttock claudication and relieved by rest. Treatment of atherosclerotic aorto-iliac disease has evolved from surgical endarterectomy to aortobifemoral bypass grafting to endovascular balloon angioplasty with stenting. Percutaneous transluminal angioplasty (PTA) has remained the cornerstone of percutaneous revascularization. Short focal iliac lesions respond favorably to PTA with primary patency rates reported up to 87% at 5 years.

CASE PRESENTATION: Patient is a 59 yr old obese male with history of peripheral arterial disease, hypertension and coronary artery disease. He had lifestyle limiting claudication associated with a decreased ankle brachial index. Abdominal duplex shows elevated peak systolic velocity involving proximal bilateral iliac arteries. Patient also had an abnormal stress test and needed cardiac catheterization. Plan was to perform both procedures in the same setting.
Abdominal aortogram with Omni™ Flush catheter showed high grade stenosis of the proximal common iliac arteries. (Figure 1) Using the radiopaque marker band on the catheter, the iliac measured approximately 8 mm. Bilateral kissing angioplasty was performed using two 8 X 4 Profiler angioplasty balloons. (Figure 2) The balloons were easily navigated through the area of high grade stenosis using a 5F sheath. The balloons were inflated to nominal pressure for one minute and completion angiogram showed no significant residual stenosis. (Figure 3) Pull through pressure gradient showed no significant gradient across the lesion bilaterally.

**Ali Amin, MD, FACS, FACC, RVT**  
Director of Endovascular Services  
The Reading Hospital and Medical Center West Reading, PA

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**Profiler**

AngioDynamics’ Profiler offers a broad range of low profile PTA balloons, with configurations of up to 8mm x 4cm balloons compatible with 5F sheaths, as well as 9mm and 10mm balloons compatible with 6F sheaths, which provide access to small vessels, tortuous anatomy, and tight stenotic lesions.

- Rated burst pressures up to 16 ATM
- Non-compliant PET balloon material
- Highly radiopaque, tapered tip enhances visibility and tracking