



FIGURE 296e-6 Peripheral interventional procedures have become highly effective at treating anatomic lesions previously amenable only to bypass surgery. **A.** Complete occlusion of the left superficial femoral artery. **B.** Wire and catheter advanced into subintimal space. **C.** Intravascular ultrasound positioned in the subintimal space to guide retrograde wire placement through the occluded vessel. **D.** Balloon dilation of the occlusion. **E.** Stent placement with excellent angiographic result. (From A Al Mahameed, DL Bhatt: *Cleve Clin J Med* 73:S45, 2006; with permission.)

CONCLUSION

Interventional cardiology continues to expand its borders. Treatment for coronary artery disease, including complex anatomic subsets, continues to advance, encroaching on what has traditionally been treated by CABG. Technological advances such as drug-eluting stents, now already in their second generation, and manual thrombus aspiration devices are improving the results of PCI. In particular, PCI has been shown to prevent future ischemic events in acute coronary syndromes. For patients with stable coronary disease, PCI has an important role in symptom alleviation. Treatment of peripheral and cerebrovascular disease has also benefited from the application of percutaneous techniques. Structural heart disease is increasingly being treated with percutaneous options, with a high likelihood that interventional approaches will compete with open-heart surgery in a significant proportion of cases in years to come.