



**Letter to the Editor / Editöre Mektup**

**Endovascular treatment of acute thromboembolic occlusion of distal aorta**

*Distal aort akut tromboembolik oklüzyonunun endovasküler tedavisi*

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Dear Editor,

We read the article<sup>[1]</sup> and congratulate the authors for this successful treatment. On the other hand, we would like to clarify some points about the treatment of this patient.

It is understood from the article that the patient was already intubated before the endovascular procedure and bilateral femoral embolectomy could be also easily done urgently.<sup>[2]</sup> Thrombolysis and thrombus aspiration could have been used as an appropriate treatment for this patient with saddle embolism.<sup>[3]</sup> In this case, thrombolytic therapy could be considered before the thrombus aspiration or endovascular intervention. In addition, all femoropopliteal-tibioperoneal arterial structures should be scanned after the procedure. We are curious about your valuable comments about our contribution.

Sincerely,

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**REFERENCES**

1. Topuz M, Kalay N, Bireciklioğlu F, Karabıyık U. Endovascular treatment of acute thromboembolic occlusion of distal aorta. *Turk Gogus Kalp Dama* 2018;26:326-7.
2. Teruya TH, Abou-Zamzam AM. Aortic saddle embolus. In: Hoballah J, Scott-Conner C, Chong H, editors. *Operative Dictations in General and Vascular Surgery*. Cham: Springer; 2017. p. 767-8.
3. Min J, Zhang G. Saddle embolism treated by thrombolysis and thrombus aspiration via bilateral femoral artery puncture catheter: A case report. *Medicine (Baltimore)* 2018;97:e0212.

**Author Reply**

Dear Editor,

Compared to surgery, endovascular procedure was less invasive and more appropriate for our patient due to hemodynamic instability. In addition, as we noted in the manuscript, tissue plasminogen activator was given locally using a Judkins catheter before the procedure. Finally, we investigated the lower extremity arteries according to the presence of any thrombus material during index procedure.

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