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Successful angioplasty with retrograde direct superficial femoral artery(SFA) puncture after failed bidirectional approach in chronic femoral artery occlusion.

Seventy-four year-old male complained of intermittent claudication. Femoro-femoral (F-F) bypass was performed previously because of his left iliac artery stenosis. Angiography revealed the left iliac artery stenosis and left SFA occlusion. The bifurcation of SFA and deep femoral artery DFA was unclear. F-F bypass were patent. Duplex ultrasound revealed the bifurcation of SFA and DFA was the distal site of anastomosis of F-F bypass. The severe stenosis existed at the orifice of SFA and the distal SFA was occluded. We performed angioplasty for the left SFA occlusion. First, we tried antegrade recanalization, but the guide wire (GW) did not cross the stenotic orifice of left SFA. IVUS guide, knuckle wire and stiff wires were not effective. We performed retrograde approach via his lt. popliteal artery. GW advanced to near proximal edge of occluded SFA, but did not go any more. We performed directly retrograde SFA puncture with the needle using duplex ultrasound, and inserted GW into the needle and advanced GW through the stenotic orifice of the SFA to common FA. We directly inserted a microcatheter from the SFA puncture site and advanced the GW and the microcatheter into 6Fr GC. After externalization of the GW, we advanced the guide catheter through the stenotic orifice of SFA to just front of the occluded artery. We advanced antegradely the GW and supportcatheter into the occluded SFA and pull through the retrograde GW to the antegrade support catheter. We made externalization of the GW and performed stent implantation. Final angiography revealed optimal result.