1079 **A Case of Limb Salvage Using the Indigo System™ for Acute Limb Ischemia Following Endovascular Therapy in a Patient with Advanced Chronic Limb-Threatening Ischemia**

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An 81-year-old woman presented with a refractory ulcer complicated by infection in the right lower extremity and was diagnosed with complex chronic limb-threatening ischemia (CLTI) with total occlusion distal to the right popliteal artery. Endovascular therapy (EVT) was planned, and a retrograde approach via the posterior tibial artery (PTA) enabled successful wire crossing. An interwoven stent and a drug-eluting stent (DES) were implanted in the femoropopliteal lesion. However, the next day, the patient developed pain and coldness in the right leg, and acute limb ischemia (ALI) was suspected. Emergent angiography revealed complete occlusion at the proximal edge of the previously implanted stents. A thrombotic lesion was suspected, and an 8Fr system was advanced antegradely. Aspiration thrombectomy using the Indigo System? (CAT8) was performed, resulting in the removal of a large amount of red thrombus. Subsequent intravascular ultrasound confirmed no significant thrombus within the stents, but dissection was observed in the tibioperoneal trunk. An antegrade wire passage from the PTA was unsuccessful, prompting a retrograde approach. A wire was advanced from the anterior tibial artery via the pedal arch to the PTA, establishing a pull-through system. Balloon angioplasty was performed for the below-the-knee arteries, and an additional DES was deployed at the proximal edge of the previous stent. The procedure was completed successfully. Postoperatively, multidisciplinary wound management was continued in collaboration with plastic surgery, and complete wound healing was achieved on hospital day 63, allowing for discharge. This case highlights the effectiveness of the Indigo System™ in treating ALI following EVT for CLTI with a refractory ulcer, and we present it with brief literature discussion.