1115 **A Case of successful bailout for incomplete deployment of a self-expanding stent in the superficial femoral artery**

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The patient was an 81-year-old woman with a refractory foot ulcer on the left side. ABI decreased bilaterally. She was diagnosed with CLTI, and EVT was performed.

Access was obtained via left femoral antegrade approach. Angiography revealed a chronic total occlusion of the left SFA. Under EVUS and IVUS guidance, a 0.014-inch guidewire was successfully advanced through the true lumen. After pre-dilatation, stent implantation was planned.

An Eluvia self-expanding stent was deployed in the proximal SFA. Subsequently, an additional Eluvia stent was attempted in the distal lesion, but deployment failed midway through. The entire delivery system was carefully withdrawn, during which the stent was forcibly elongated and ruptured, resulting in partial extraction of the stent. An additional Eluvia stent was then deployed at the site of the stretched intravascular stent to appose it to vessel wall. No procedural complications were observed.

Although incomplete deployment of self-expanding stents is rare, it can occasionally occur. We report this case to discuss a bailout technique for managing such situations.