

**Treatment**

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A 68-year-old man presented to our center with extensive burns on his right toe. He was started on dialysis in March 2014 (diabetic nephropathy) and had severe diabetic neuropathy.

He had a similar episode with the opposite foot two years ago, and repeated revascularization was required for epithelialization.

In first EVT only the right posterior tibial artery (PTA) was treated, but the wound was getting worse, so we decided to perform the anterior tibial artery (ATA) treatment. It was difficult to pass the wire through the distal ATA due to severe calcification, so we made the retrograde approach and tried to pass a 2.5mm balloon through severe calcification lesion using pull-through technique. It was pulled into the lesion in BAD form technique, and POBA was performed, but the balloon ruptured and got stuck. It became difficult to retrieve, and various methods were tried in both bi-directions, but it was not retrieved. It was ultimately decided to remove it surgically from the distal SFA approach. The balloon tip was left in distal ATA, but most of the balloon was successfully retrieved.

Here we also show several previous reports on the bale-out technique.