1165 **A case of lower limb arterial catheter treatment performed on a patient with a refractory skin ulcer on the left foot who had undergone multiple lower limb arterial bypass surgeries.**

Kotaro Matsumura1, Kenyu Ishii1, Masato Nishi1, Masahumi Takae1, Yusuke Kanemaru1, Yu Oimatsu1, Tomokazu Ikemoto1, Syunichi Koide1, Ryusuke Tsunoda1

[1]Department of Cardiology, Kumamoto Red Cross Hospital, Japan

The patient was a 70-year-old man who visited our plastic surgery department complaining of a skin ulcer on his left foot. He had previously undergone F-F bypass surgery, right F-P bypass surgery, and two F-P bypass surgeries on the left side at our hospital, and had drug-eluting stents placed from the left common iliac artery to the external iliac artery. Both ABI and SRPP were reduced, and contrast-enhanced CT showed that all grafts were occluded, with occlusion from the common iliac artery to the popliteal artery on both sides. The plan was to perform revascularization via catheterization prior to left foot amputation. The graft used in the left F-P bypass was punctured, and a guidewire was passed retrograde. After dilation with a balloon, a VIABAHN? stent graft was placed in the left common femoral artery, and antegrade blood flow from the left common iliac artery was confirmed. The same graft was punctured antegrade, and the guidewire was passed to the popliteal artery. Thrombectomy and balloon dilation were performed, and a Supera? stent was placed in the popliteal artery. Peripheral blood flow was confirmed from the left common iliac artery via the F-P bypass, and the procedure was completed. We experienced one case where revascularization was achieved by approaching the long CTO lesion from the bypass vessel via the common iliac artery.