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64 year-old male with history of DM, HTN, CAD. His ADL was totally independent. This time he suffered from progressive bilateral leg claudication and tenderness since several months ago. ABI test was positive, and he was admitted for suspicious of bilateral leg PAOD.

Peripheral angiogram showed diffuse atherosclerosis and multiple critical stenosis of bilateral ATK artery. Considering the patient's chief complaint was right leg tenderness, PTA for right leg was performed.

Owing to multiple stenosis and total occlusion, terumo wire cannot pass through the lesion. we ever use Connect wire, V-18 wire and even shift to Astato for calcified lesion with the assist of CXI. After several times attempt of antegrade wiring, the V-18 wire finally penetrate thrthrough the calcified lesion and advanced to distal popliteal artery. Finally the V-18 wire pass the lesion and balloon angioplasty was performed. Diffuse dissection with TIMI II flow was discovered after balloon angioplasty, thus we deployed Supera stent at SFA.

Final angiogram showed acceptable result.