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A 76-year-old male patient was admitted to our hospital for wound disruption after femoro-femoral bypass with an artificial graft. 1 month ago, he underwent left-to-right femoro-femoral bypass due for right iliac artery occlusion from an unsuccessful attempt at crossing a total occlusion lesion with a retrograde approach only.

The femoro-femoral bypass graft infection was initially managed with open dressing and antibiotics. However, the sepsis secondary to the infection became uncontrolled.

We decided to perform the removal of the infected femoro-femoral bypass graft and an endovascular intervention on the right iliac artery occlusion. So, the right iliac artery lesion was treated by a bidirectional approach (the left brachial artery and the right common femoral artery access. It was successfully performed, followed by graft excision without critical limb ischemia.

The 1-month follow-up CT scan shows an intact lumen with good distal runoff. And the patient is doing well so far without any vascular complications.

This case demonstrates that endovascular therapy before graft excision can be an alternative revascularization method for vascular graft infection after bypass surgery for aorto-iliac occlusive disease.