

1065 **A Case of Successful Staged Endovascular Revascularization for Long-Segment Occlusion Extending from the Common Iliac Artery to the Below-the-Knee Arteries**

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An 80-year-old woman presented with a non-healing ulcer of the right fifth toe. Skin perfusion pressure was severely reduced to 24/24 mmHg on the dorsal and plantar aspects of the foot. Duplex ultrasound demonstrated a long-segment chronic total occlusion extending from the right common iliac artery (CIA) to the anterior tibial artery (ATA) and posterior tibial artery. She was diagnosed with chronic limb-threatening ischemia (CLTI), and a staged endovascular strategy was planned because of the extensive multilevel occlusive disease. During the first procedure, the occluded superficial femoral artery was punctured retrogradely, and intravascular ultrasound-guided stenting was performed from the common femoral artery (CFA) to the CIA, successfully restoring inflow to the profunda femoris artery. During the second procedure, the previously implanted SUPERA stent in the common femoral artery was directly punctured to obtain antegrade access. Although distal puncture was attempted, severe tortuosity of the below-the-ankle vessels made retrograde crossing extremely challenging. Retrograde access was ultimately established by puncturing the proximal anterior tibial artery (ATA), allowing successful recanalization and revascularization of the ATA. Follow-up lower extremity angiography demonstrated satisfactory blood flow to the wound-related angiosome. The toe ulcer subsequently showed signs of healing, and the patient was transferred to a rehabilitation hospital for continued wound care and rehabilitation.

This case highlights the feasibility of a staged endovascular approach using advanced distal puncture techniques for extensive chronic total occlusions extending from the common iliac artery to the below-the-knee arteries.