Introduction
Antegrade puncture of common femoral artery (CFA) is widely used approach for endovascular intervention on ipsilateral superficial femoral artery (SFA) and tibial arteries. It can be challenging in different situations (obesity, CFA high bifurcation) and can lead to complications.

Material and methods
Female 58 years old with severe claudication (Rutherford class 3, walking capacity 80 m, ABI 0.42) of left lower extremity due to occlusion of the middle part of SFA. Roentgen controlled antegrade puncture of CFA was chosen for recanalization of occluded SFA despite severe obesity (BMI 36) and high bifurcation of CFA.

Results
Deep femoral artery (DFA) was punctured instead of CFA (pic. 1). CFA was punctured on the second try using contrast injection from introducer in DFA. Because of unfavorable angle of the puncture the introducer could not be inserted in CFA. During manipulations tense hematoma of soft tissues occurred in the puncture zone. Introducer and guidewire were removed and manual hemostasis was held. Hemodynamic instability (systolic arterial blood pressure dropped to 70-80 mm Hg) appeared. Conservative therapy was not effective. Contralateral approach was performed to exclude artery rupture and for possible endovascular hemostasis. Angiograms have shown a total thrombosis of DFA (pic. 2). Endovascular tries to aspirate thrombus using 7F guide catheters were not effective. Patient was taken to open thrombectomy (pic. 3).

Conclusions
Obesity and high bifurcation of CFA can be risk factors for antegrade puncture of CFA. It such cases contralateral approach or ultrasound assisted antegrade puncture could help to avoid puncture complications.