Recanalization in femoropopliteal territory after several open and endovascular treatments.

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82-year-old female. Hypertension, stroke, atrial fibrillation, anticoagulation treatment. Abdominal aortic aneurism treated with EVAR in 01/18. Acute ischemia in her left leg by an occlusion of the left Iliac branch and a IA type leak.

**Hybrid treatment**
- 2 covered stents in the proximal neck
- Prosthetic graft femorofemoral bypass
- Prosthetic graft femoro-popliteal bypass
- Vein bypass from prosthesis to profunda femoral

In June 2018 she was admitted since she suffered from rest pain in her left leg. The angiography showed the femoro-pop graft occluded and a lesion in the vein bypass, which was treated with a balloon angioplasty.

In August 2018 she was readmitted for rest pain in her left leg. We performed a lower limb angiography which showed an occlusion in the profunda, superficial and popliteal arteries and occlusions in the 3 vessels below the knee.

An anterograde approach in the middle of the prosthetic fem-fem bypass was performed. We recanalized the superficial Femoral and popliteal Arteries (until P3) with subintimal technique. We implanted 2 stents 6 x 150 mm from the SFA to the proximal popliteal artery. We checked the result and we decided to implant another stent in the popliteal artery because the flow was compromised by a dissection. Later we treated the tibio-peroneal trunk and the Peroneal Artery with a balloon angioplasty. The patient improved the symptoms completely. She is still asymptomatic during the 12 months FU.