

# Retrograde Transcollateral Revascularization of Totally Occluded Superficial Femoral Artery

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# Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)
  
- I do not have any potential conflict of interest

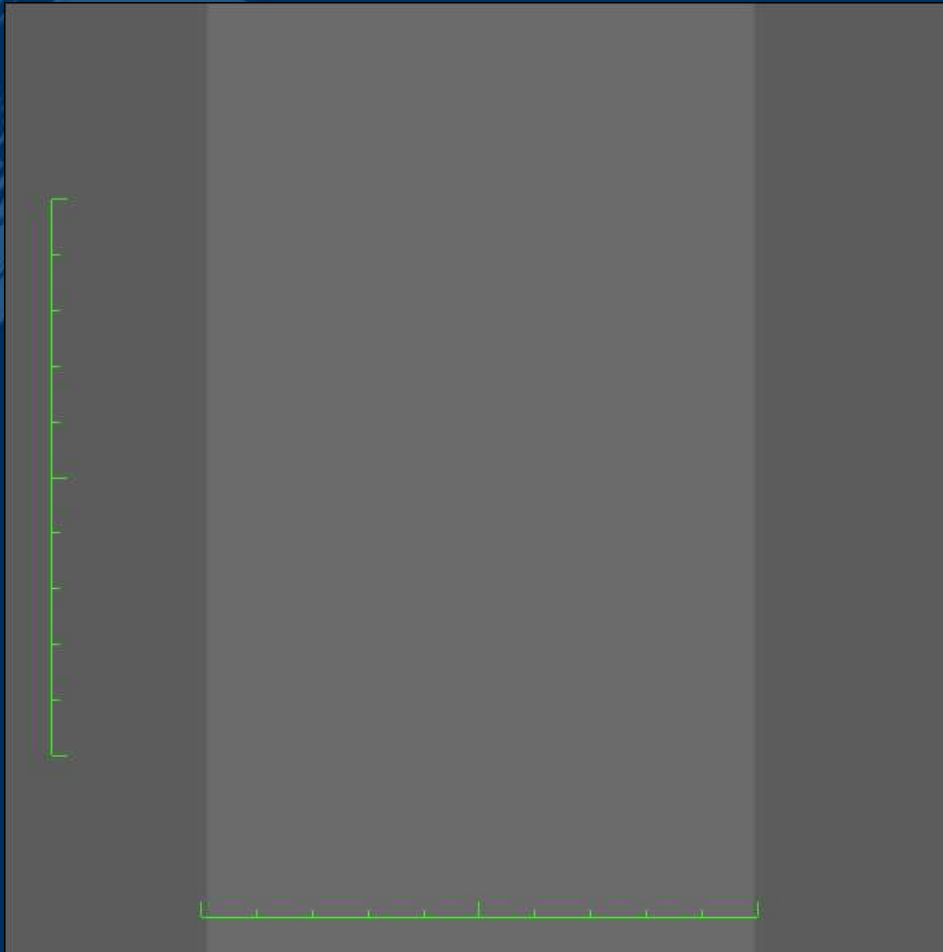
## *Clinical History*

- 63 year-old-female patient
- She suffers from RC-3 intermittent claudication of both lower limbs for the last two years
- D. mellitus (+), CAD (+)
- eGFR=89 ml/min/1.73 m<sup>2</sup>
- Doppler USG revealed mono/biphasic waveforms in both lower limbs

# Baseline DSA Imaging



# Reconstitution of flow

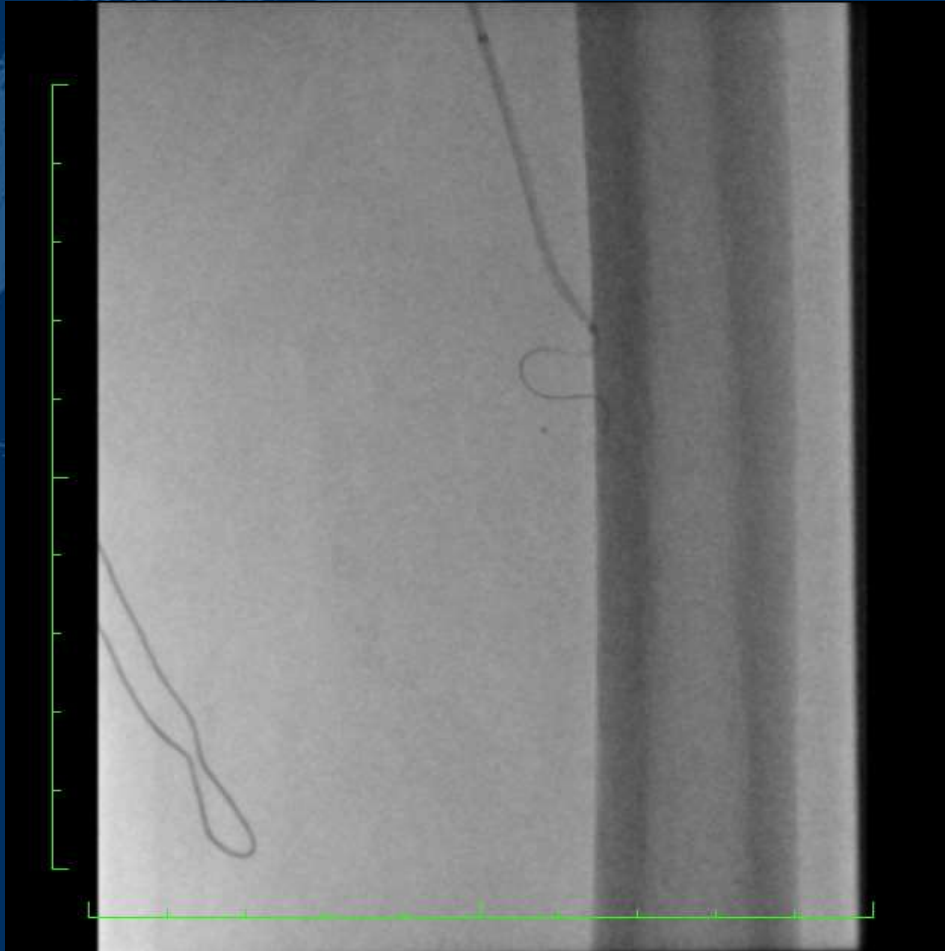


# Access and occlusion crossing opts



*Why Not ?*

# Mother and Child Technique



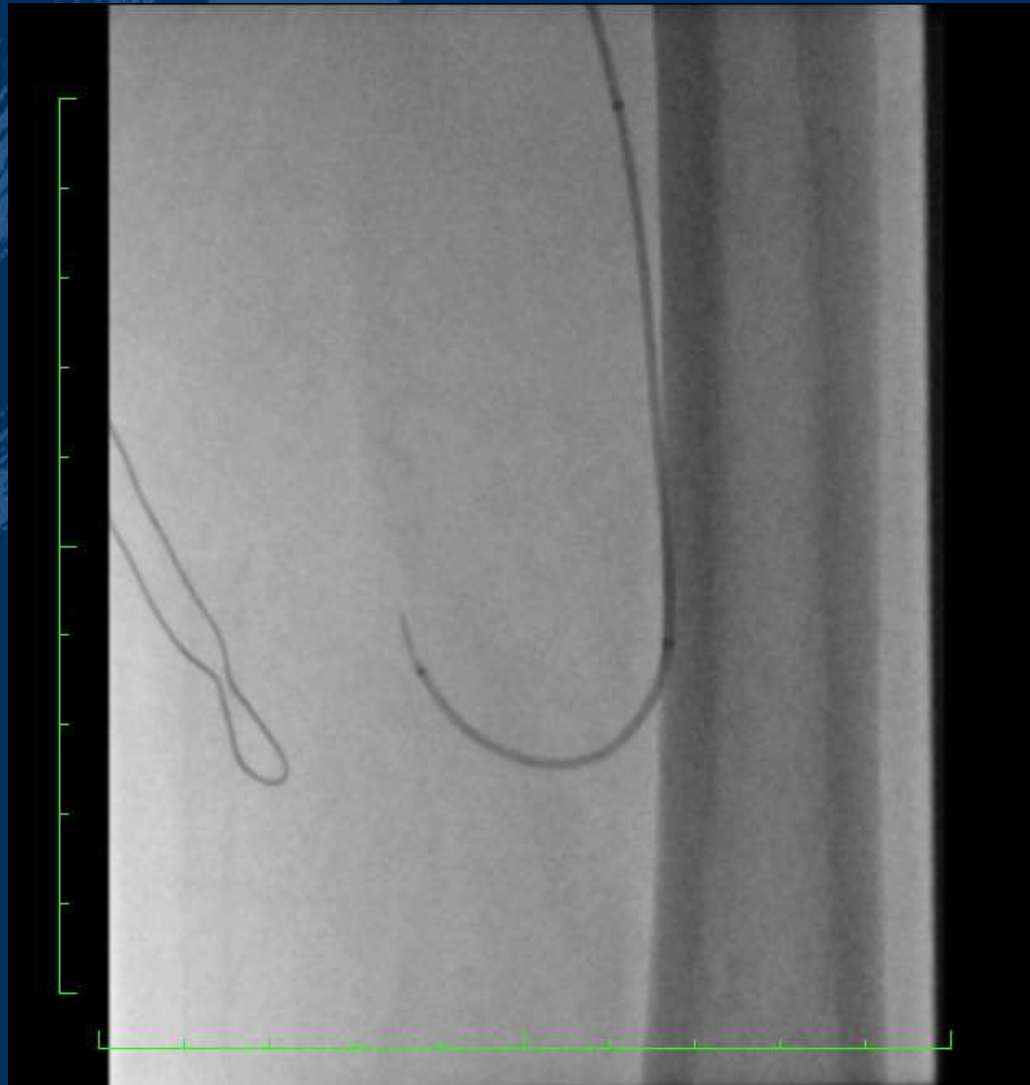
*Navicross support catheter  
Finewire microcatheter  
0.014 inch Fielder guidewire*

NTG 200 mcg





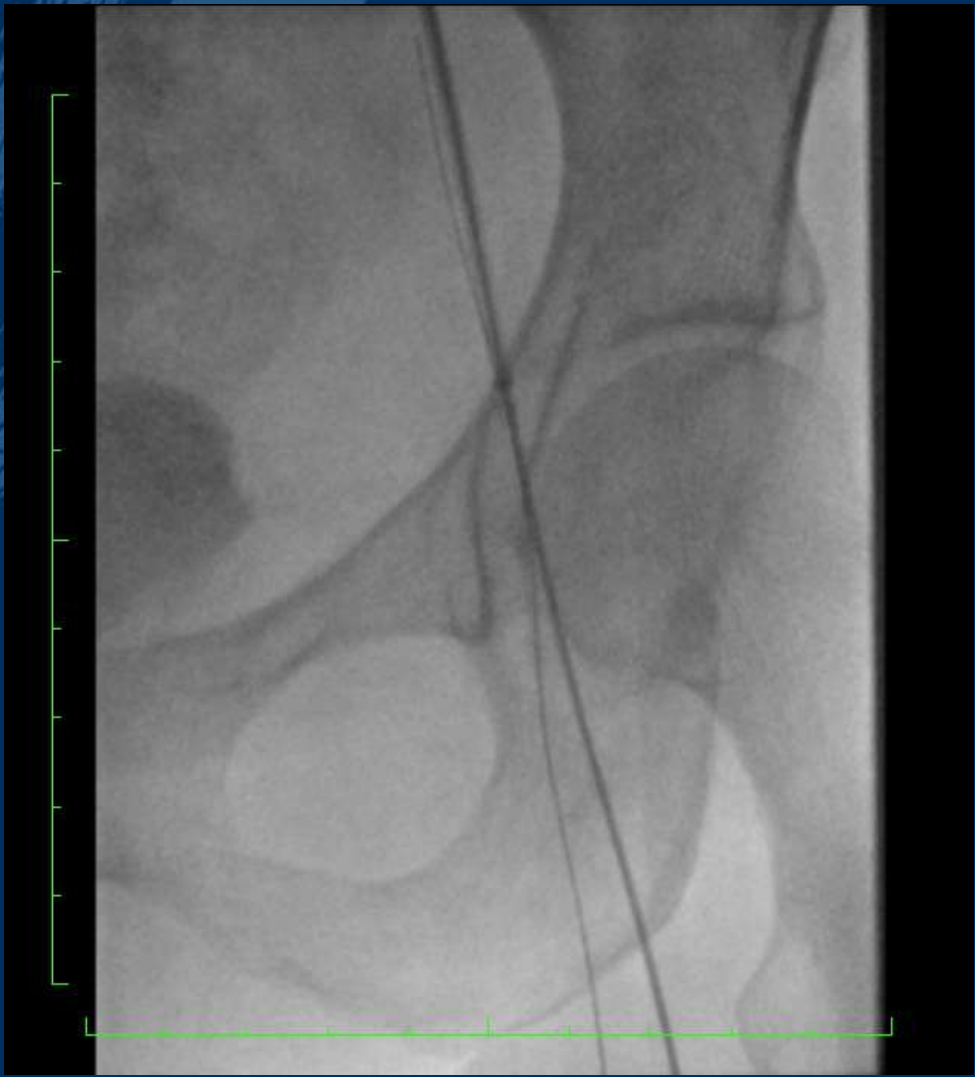




# Retrograde subintimal crossing

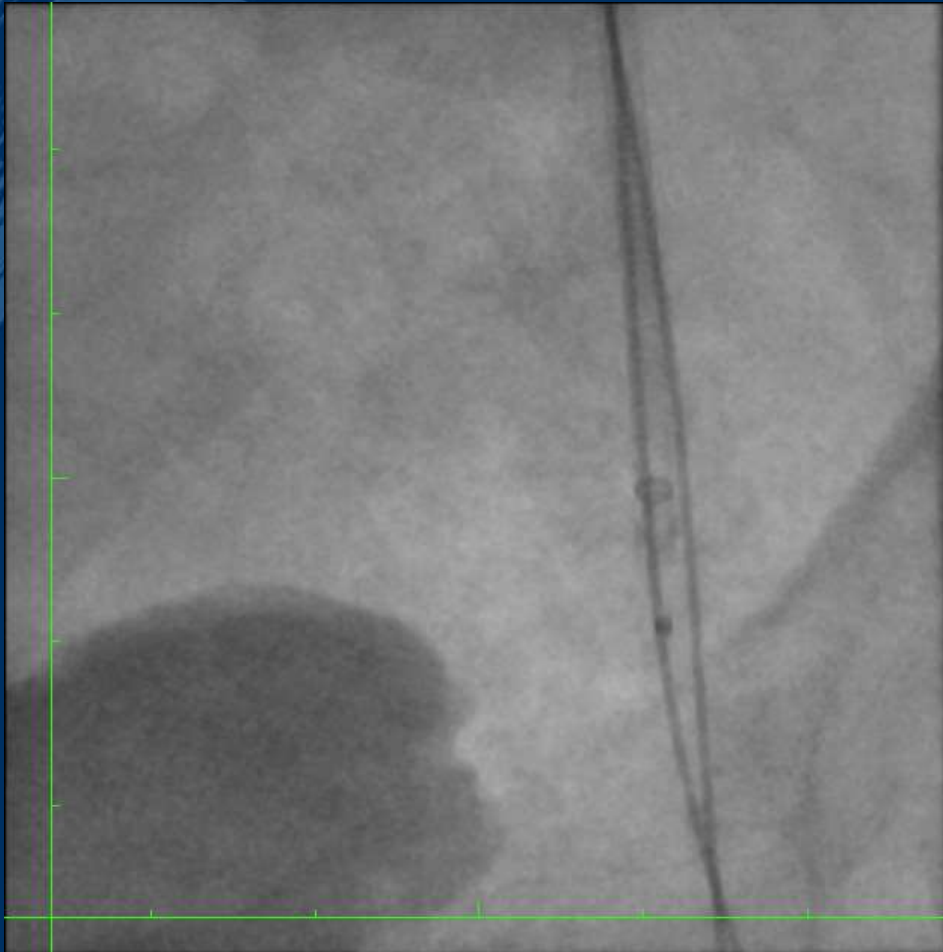






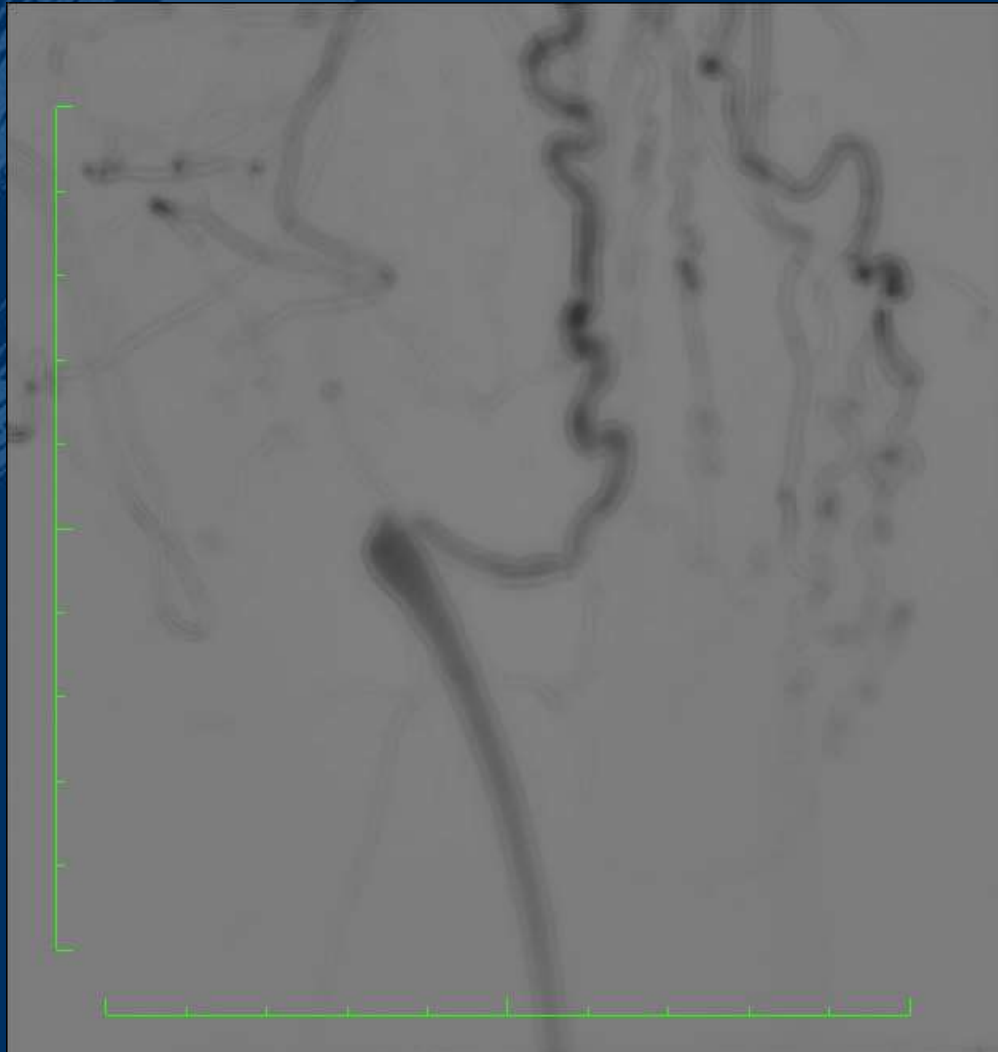


# Snaring

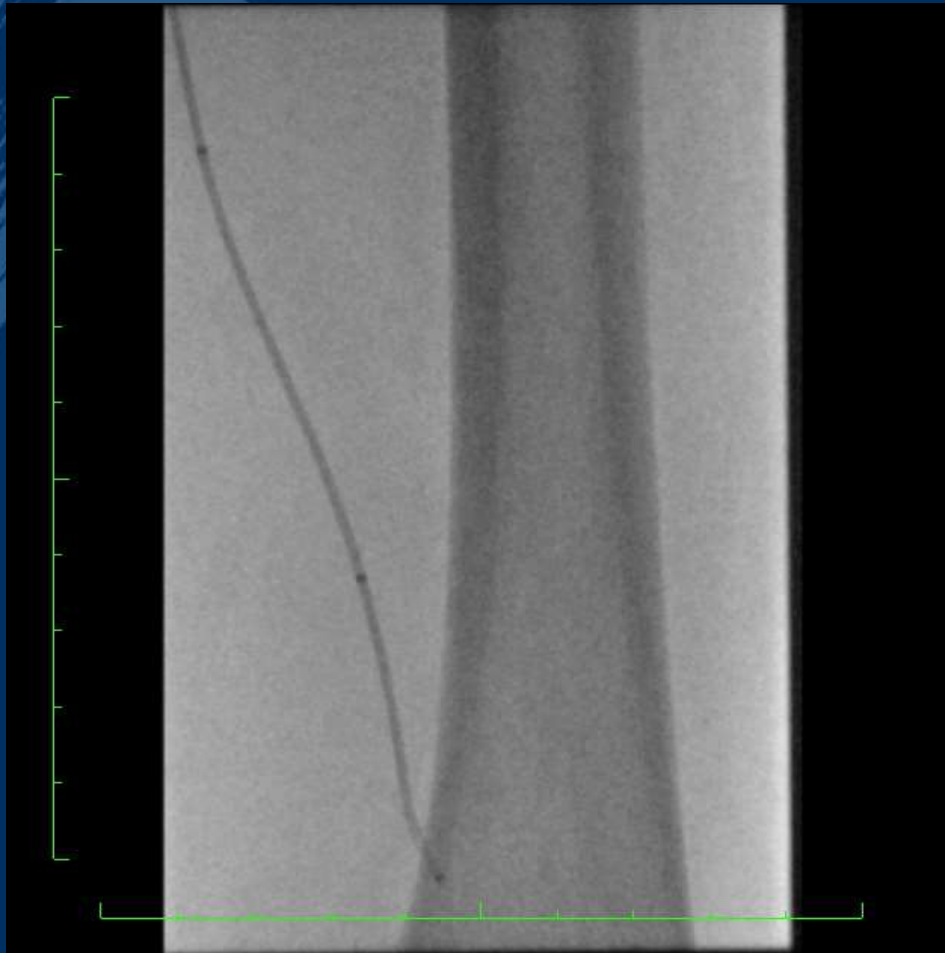








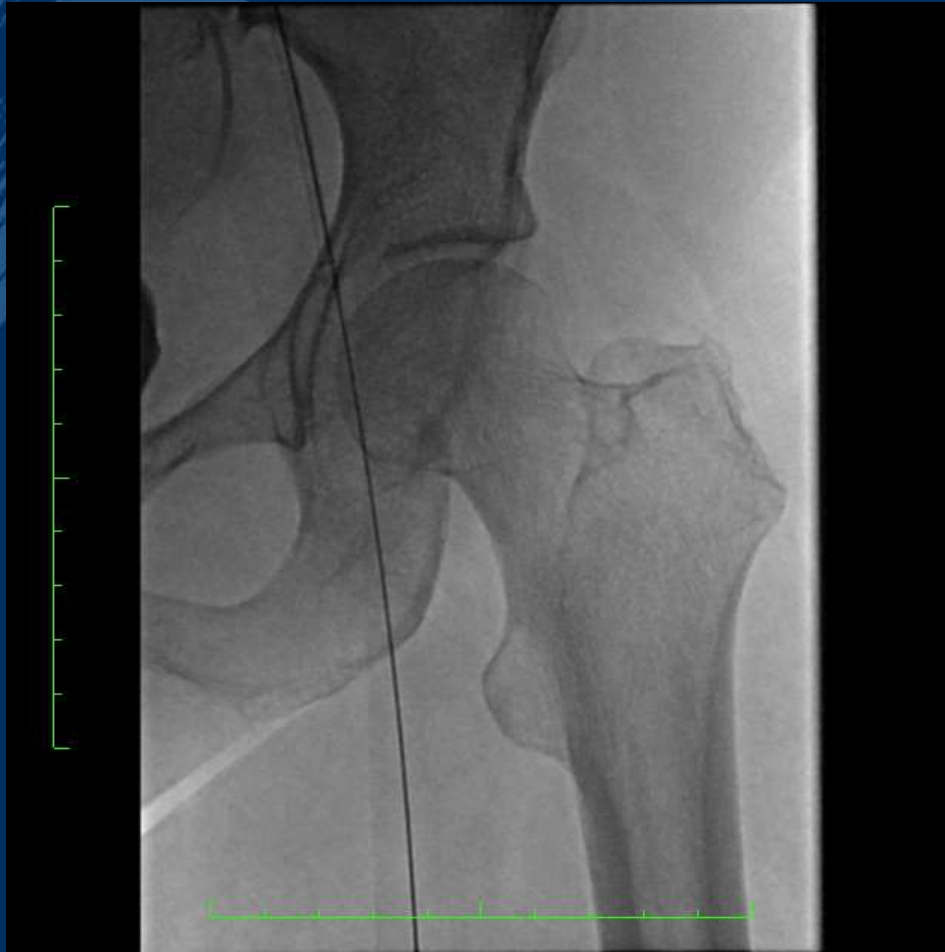
# Distal tip injection



# POBA and DCB



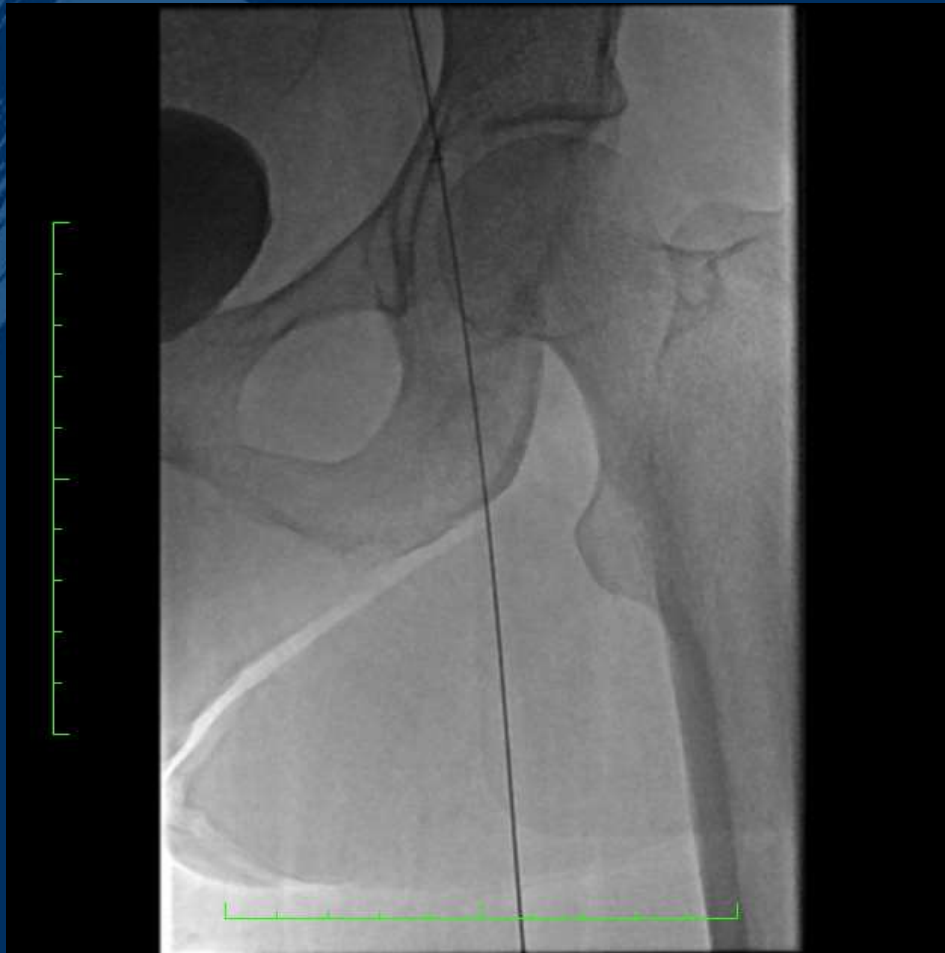
# Recoil



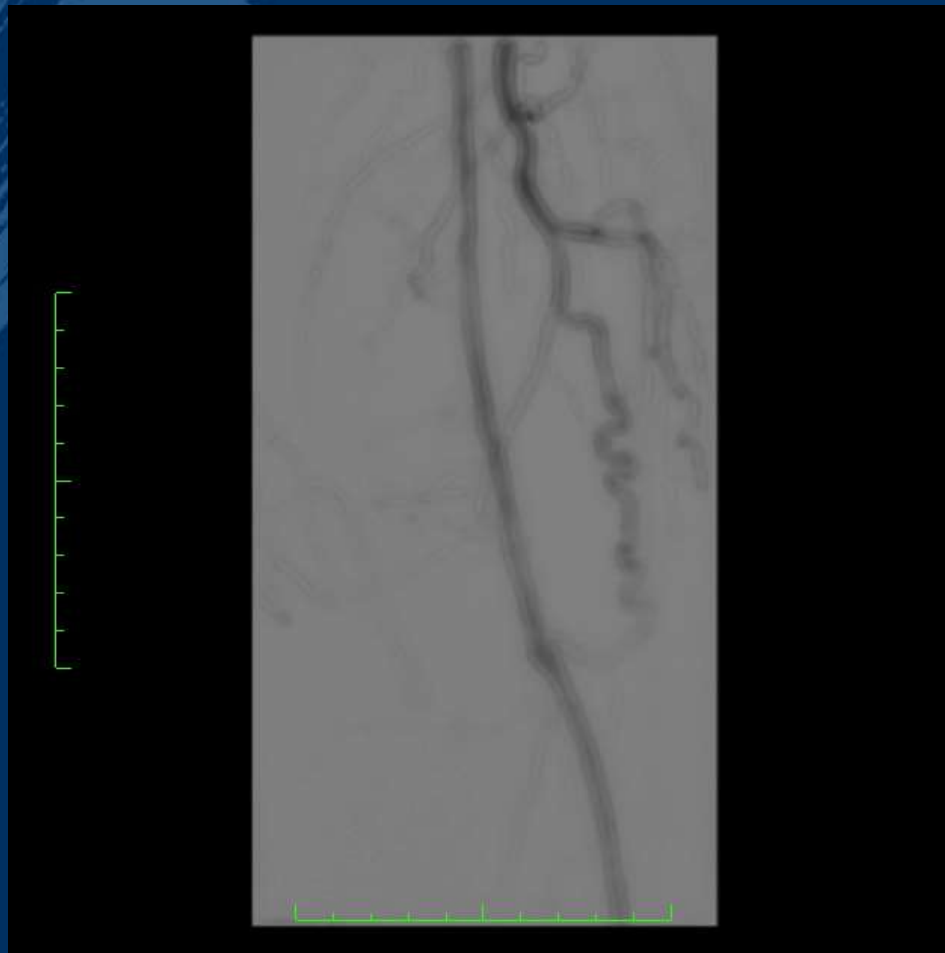
# More dilatation



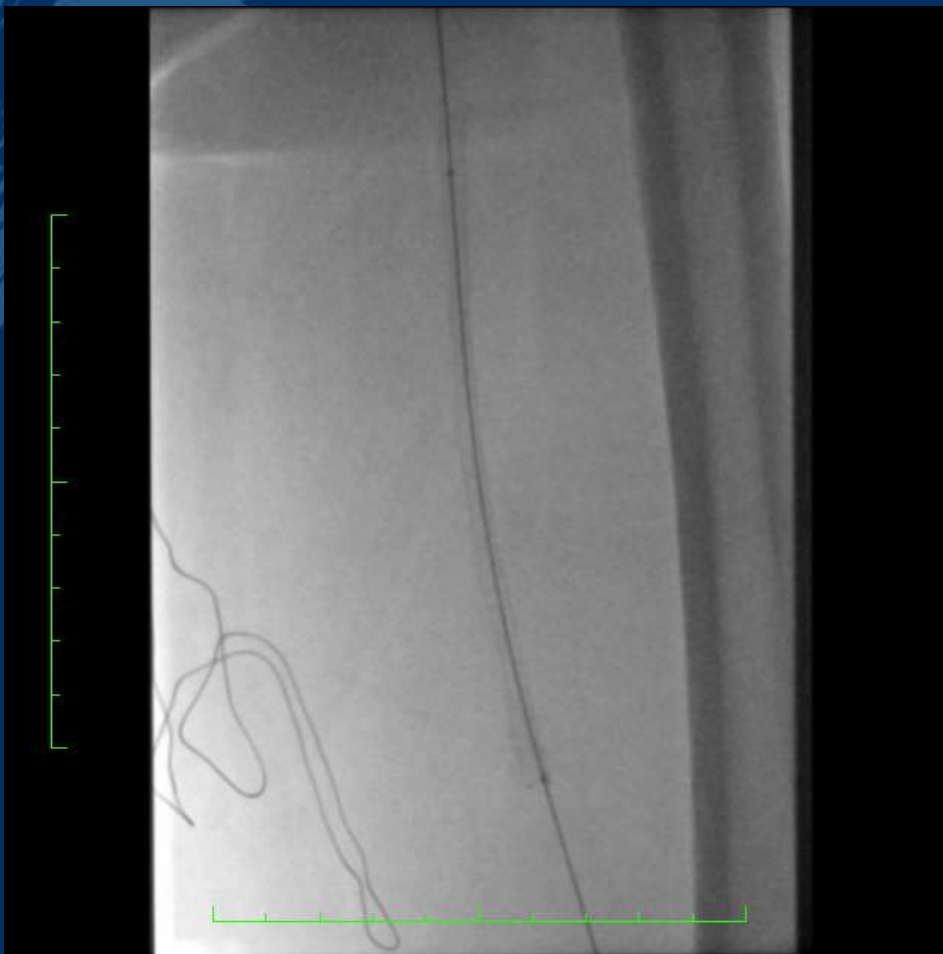
# Persistence of recoil



# SX stent implantation

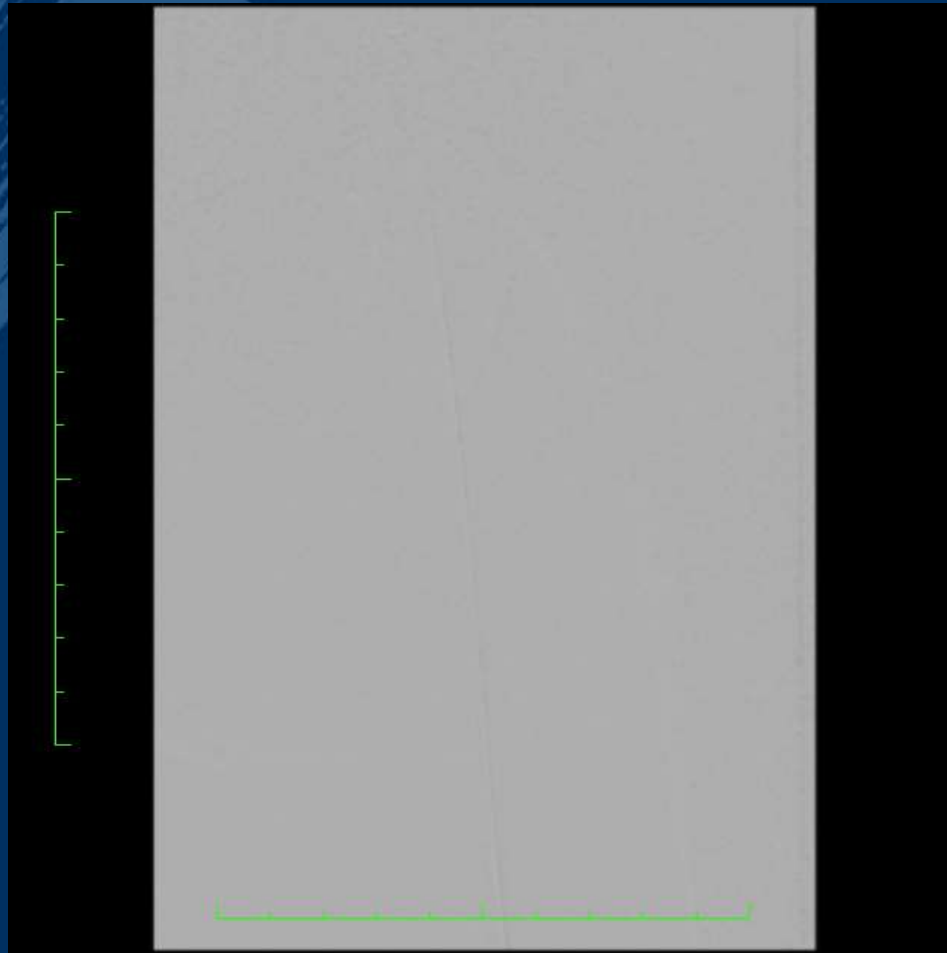


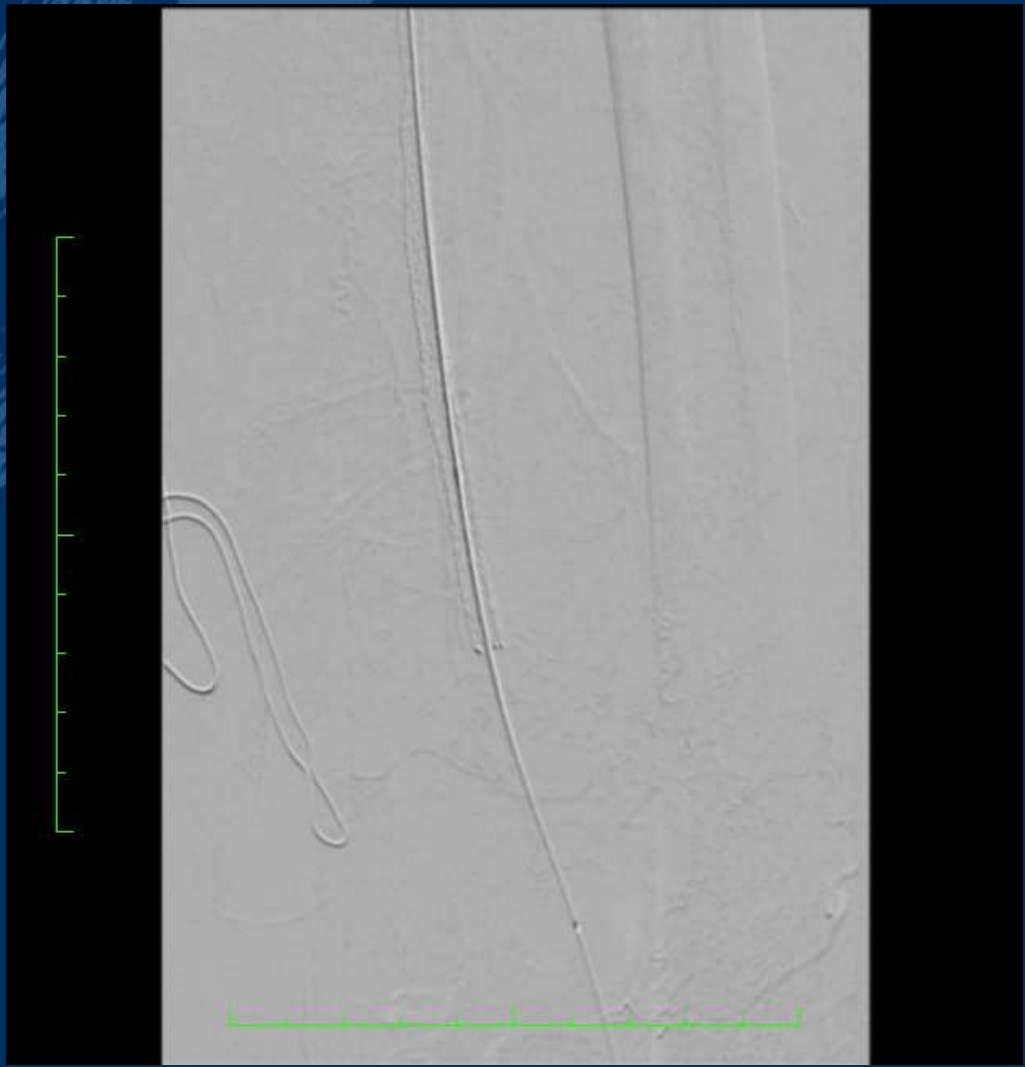
# Post-dilatation





# Result







## *Take Home Messages*

- Transcollateral retrograde crossing technique is useful and resembles to retrograde coronary CTO techniques
- It has also the advantage of preserving the collateral donor vessel distal connection site
- Procedure could be finalised by only single vessel puncture (for retrograde and antegrade crossing)

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