Retrograde Transcollateral Revascularization of Totally Occluded Superficial Femoral Artery

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Disclosure

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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/17.3 m²
• Doppler USG revealed mono/biphasic waveforms in both lower limbs
Baseline DSA Imaging
Reconstitution of flow
Access and oclusion crossing opts

Why Not?
Mother and Child Technique

Navicross support catheter
Finecross microcatheter
0.014 inch Fielder guidewire
NTG 200 mcg
Retrograde subintimal crossing
Distal tip injection
POBA and DCB
Recoil
More dilatation
Persistence of recoil
SX stent implantation
Post-dilation
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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