Introduction
About 14 and 20% of patients with CLI are not suitable candidates for distal arterial reconstruction.

Patient and methods
Our patient is a 48-year old male with acute thrombosis bilateral SFA occlusion of more than 20 days. CDT was ruled out as he had severe HTN. Bilateral femoral thrombectomy were done that was successful on the left limb but failed on the right limb due to high resistance of foot vessels. Re-thrombectomy from the posterior tibial artery via a retro-malleolar incision, anastomosing the PTA with the PTV at the ankle with proximal ligation of the PTV and destruction of the distal venous valves by 5 Fr. fogarty catheter. Angiography of the foot 1 week later showed the occluded native arteries of the foot but patent PTA and arterialization of the deep veins of the foot.

Results
Follow up 1- 3 - 6 months by DUS showed patent PTA and limb salvage after trans-metatarsal amputation. No postoperative complications were seen.

Conclusions
Surgical venous arterialization is a valuable treatment option in patients facing amputation without the need for high-cost sophisticated equipment.