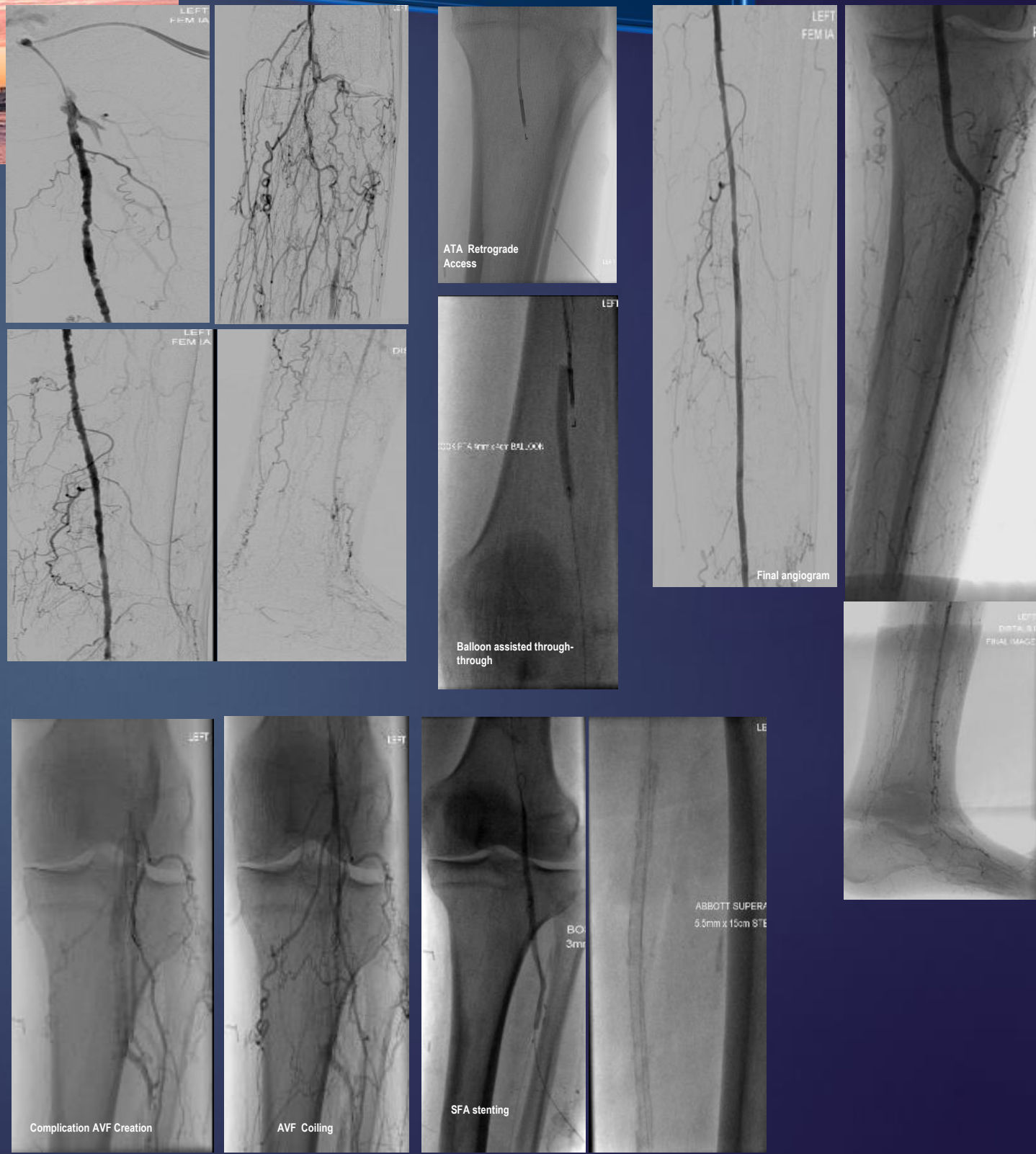


Accidental AVF creation during complex peripheral revascularization

Management of complication



Case

83y male admitted with left CLI. Hx of Fem-ATA bypass. Occluded. Endovascular treatment was planned as a rescue option in a critically compromised limb.

Initial angiography: SFA diffusely diseased. Popliteal artery occluded. BK 3 vessels occluded, significant collateralization with reconstitution of ATA at the level of the previous bypass distal anastomosis.

CFA antegrade approach. Initial intraluminal followed by subintimal recanalisation. This resulted in an accidental arterial transection and entry to the adjacent anterior tibial vein. Re-entry device (Outback) employed, unsuccessfully, thus coil embolization of the incidental AVF was performed. Retrograde intraluminal access from ATA. Re entry device loaded over the antegrade wire and balloon aided pass of wire (Balloon puncture and wire looped inside the balloon).

Plasty and stenting yielded satisfactory results with significant improvement of the distal flow

Follow-up (3m): healing of foot ulcers significant improvement of symptoms.

Conclusion:

- Endovascular techniques continue offering beneficial choices in spite of the complexity of cases and high risk of complications.
- Readily approach to handle complications during PTA.