Management of long Flush Superficial Femoral Artery Occlusions with Ipsilateral ante grade common femoral artery access
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Introduction
Flush SFA occlusion has some difficulties as,
• The absence of SFA stump can impede successful wire access into the SFA.
• Angioplasty at the SFA origin can occlude the ostium of the profunda
• Stenting at the groin crease has the risk of stent fracture.

Methods
The study included 28 patients with flush SFA lesions with or without extension of the occlusion to the popliteal and/or tibial arteries.
Patients with a patent stump in the SFA, short occlusion taking only part of the SFA, and fresh occlusion <3 months duration were excluded from the study.

Results
Crossing the flush SFA lesion was successful in 24 (85.7 %) patients whereas 4 (14.3 %) attempts at crossing SFA failed. All patients under went subintimal angioplasty without stenting except in 11 cases with stenting, 6 of them the stents was placed at the origin of the SFA. Procedure-related complications occurred in 4 cases, including 2 vessel

Figure 1:(A) The sheath partially inserted in the common femoral artery with the arrow pointing to the origin of occluded SFA with no stump. (B) The sheath is withdrawn with balloon angioplasty of the proximalSFA. (C) Successful recanalization of the SFA.

Figure 2 : (A)the arrow points to the proposed site of the SFA origin but with oblique projection it was found on the lateral side (B) so the profunda in this case was posterior and medial as shown by the result after recanalization (C)

Conclusions
Ipsilateral common femoral artery puncture in crossing long flush SFA occlusions offers some advantages as it gives very good pushability of the wire not only to cross the difficult flush occlusions but also to cross the long calcified lesions.