Retrograde Approach for Challenging Occlusions of the Superficial Femoral Artery
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**Purpose**
To assess the efficacy and safety of retrograde approach in case of failed antegrade recanalization of CTO of SFA.

**Methods**
23 patients with CTO of the SFA without extension beyond the adductor canal and all showed failure of antegrade recanalization.
Distal retrograde access attempted by percutaneous puncture of distal SFA under fluoroscopic guidance in the supine position. Then snaring of the wire through the antegrade sheath and the procedure is completed from above.
Compression obtained by inflation of the sphygmomanometer around distal thigh.

**Results**
Sheathless approach used in all cases (bare wire in 18 cases and wire with supporting catheter in 5). Technical success achieved in 20 cases (87%). In the other 3 cases, the retrograde wire entered into the subintimal plane from below with failure of snaring in one case, vein puncture in another case and in the last case failure of the wire to ascend upward due to proximity of the lesion to the retrograde puncture.
No life-threatening major complications were documented. Small hematoma in the lower thigh detected in 3 cases and improved by compression and medical treatment.

**Conclusions**
Retrograde approach with distal SFA puncture is a safe and effective method with low cost and low complication rate to achieve success in failed antegrade approach.

Fig: Introduction of wire under fluoroscopy. And Snaring of the wire through the antegrade sheath.