

# **ENDOVASCULAR MANAGEMENT OF LONG SUPERFICIAL FEMORAL ARTERY OCCLUSIONS WITH RETROGRADE ACCESS TECHNIQUE**

Thesis

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The most common approach to PTA of the SFA is the contralateral retrograde approach. The primary advantages of this technique are ease of arterial access and vascular access management.

Long-segment occlusions can also be alternatively approached with antegrade common femoral artery access. This approach can be cumbersome to obtain vascular access especially in obese patients, those with combined iliac and femoral lesions, high take off of the superficial femoral artery and graft prosthesis in the groin raises the risk of complications.

Superficial femoral artery recanalization in such difficult cases could also be performed with retrograde access.

Ten patients included in this study with chronic lower limb ischemia due to long segment occlusion of superficial femoral artery.

- Inclusion criteria includes patients with stenosed or occluded proximal SFA where ipsilateral antegrade access could not be done.
- Exclusion criteria includes those with mid SFA lesions or SFA occlusion with more than 5 cm distal to its ostium.

A technical success was achieved in 8 SFA recanalization cases, and poor results in 2 cases, successful recanalization was done in 3 cases by retrograde transfemoral cross-over technique, and 5 cases by retrograde transpopliteal technique.

Only one case of subclinical popliteal hematoma (10%) that was resolved conservatively and another with small popliteal artery aneurism (10%) for follow up, and 2 cases complicated by SFA dissection that was controlled by stent implantation. were the complications in our series. , but no correlated symptomatology, Moreover, no arterio-venous fistulas were seen. In no case, a reduction of hemoglobin values was noted.

the retrograde approach appears to be a safe, effective and practical method in anatomically suitable lesions , with good success rate and low incidence of complications, with a short learning curve in the hands of average endovascular surgeons.