Case Summary. We named this medial plantar puncture technique as “sole puncture” technique. This extreme, extra-conventional pedal artery puncture is good optional technique for complex below-the-knee and below-the-ankle occlusive lesion, and might have a possibility to increase procedural success rate of complex endovascular therapy.

TCTAP C-187
A SFA CTO Case with Ruptured Balloon Disparted in the Vessel Successfully Retrieved but Caused Late Phase Malapposition
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[CLINICAL INFORMATION]
Patient initials or identifier number. F.S.
Relevant clinical history and physical exam. 64 years old female with claudication underwent due to SFA occlusion underwent EVT. Her comorbidity were anginapectoris, old cerebral infarction, diabetic mellitus, hypertension, and dyslipidemia. EVT was successfully performed as follow. Her claudication disappeared and underwent follow-up angiogram 8 months later. There were no in stent restenosis, however, optical coherence showed stent malposition with rarely seen after bare metal implantation at this time point.
Relevant catheterization findings. Lt SFA short CTO lesion.

[INTERVENTIONAL MANAGEMENT]
Procedural step. Under 6Fr Mach 1 guiding catheter support, antegrade IVUS guided wiring with 0.018 inch Astato passed the CTO sight. After predilation with Jackal 4 mm * 40 mm, 3 Misago stents (6 * 100 mm, 7 * 100 mm, and 7 * 100 mm) were implanted. We post dilated with Jackal 5 * 80 mm balloon but could not attain full expansion. Balloon finally ruptured at the pressure of 26 atm. With great resistance, only the shaft of the balloon catheter was pulled out. We managed to grab the disparted balloon part with snare, however, the tip of the balloon hooked into the strut and deformed some struts. Finally, pulling the snare catheter, balloon was successfully retrieved.
The 8 months follow up angiogram showed no restenosis. OCT was performed and stent malapposition was detected at the sight of strut deformation. We performed second follow up 6 months later (14 months after implantation) and OCT showed the disappearance of stent malapposition without restenosis.
Case Summary. This is a rare complication case that ruptured balloon disparted from the shaft. Although stent deformation was invoked, the balloon was successfully retrieved. Stent patency is maintained up to 14 months. Stent malapposition was observed by OCT 8 months after implantation and surprisingly disappeared at 14 months.

TCTAP C-188
Modified Transcollateral Approach for Infrapopliteal Chronic Total Obstruction
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[CLINICAL INFORMATION]
Patient initials or identifier number. S.T
Relevant clinical history and physical exam. A diabetic 85 years-old female with a non-healing ischemic ulcer on the rough 5th toe was referred to our vascular center for re-vascularization.

In the 1st session, we successfully dilated the stenosis in the popliteal artery and the proximal ATA.

Three days after the 1st session, we determined to try to treat the crural artery disease because of insufficient clinical and hemodynamic improvement.

Since CTOs in both distal ATA and PTA were angiographically absent, we attempted to cross the CTO in the tibioperoneal trunk.

Immediatley after failure of antegrade crossing, we employed transcollateral approach.

Given our discrete interpretation of angiographic findings, a developed collateral vessel from the proximal ATA to the peroneal artery appeared to be suited for this approach.

We advanced 0.014 inch hydrophilic guidewire through the collateral vessel to the peroneal artery with the assistance of microcatheter.

Subsequently, the CTO in the tibioperoneal trunk was retrogradely crossed and dilated with 1.5*20mm monorail balloon.

And then, we antegrade crossed the lesion with 0.014 inch guidewire and dilated the lesion with 2.0*80mm OTW balloon.

Final angiography clearly demonstrated the successful recanalization of the tibioperoneal trunk to the peroneal artery.

The SPP increased up to 61/56mmHg (dorsum/plantar) suggesting a likelihood of wound healing, the wound completely cured 4 months later although clinically-driven re-intervention was required.

Case Summary. In conclusion, the proximal ATA to the peroneal artery is the important collateral vessels in the field of trans collateral vessels in the field of trans collateral intervention.

Any developed collateral circulations produced by intervention might be considered for contemporary trans collateral approach.

TCTAP C-189
Successful Endovascular Treatment for Type 2 Endoleak After Endovascular Abdominal Aortic Repair: Usefulness of N-Butyl Cyanoacrylate Embolization
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[CLINICAL INFORMATION]
Patient initials or identifier number. H.T
Relevant clinical history and physical exam. An 84-year-old man was admitted to undergo trans arterial coil embolization for type 2 endoleak with aneurismal sac expansion to 7 mm 14 months after EVAR using Endurant of a computed tomography (CT) confirmed abdominal aortic aneurysm (AAA). Type 2 endoleak was demonstrated by contrast CT scan at 1 week post EVAR. Contrast CT scanning at 6 and 12 months post procedure showed persistent type 2 endoleak with little change in aneurismal size; hence, we opted for watchful waiting of the endoleak.