**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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National Cerebral and Cardiovascular Center, Japan

**[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.

Ankle branchial index showed a false negative (right:1.30, left:0.82). However, skin perfusion pressure in the foot was inability to measure due to serious pain, suggesting the likelihood of unhealing of the wound.

**[INTERVENTIONAL MANAGEMENT]**
Procedural step. Baseline angiography demonstrated triple vessels disease with chronic total occlusions in the crural arteries complicated by severe stenosis in the popliteal artery.

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.

Immediately 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.