



Rest pain non healing ulcer for 4 months. Previous attempt somewhere lead to Peroneal artery dissection and no flow to the foot. Down stick ipsilateral approach PTA - LOOP - DPA wiring Direxion+Transcend. Ultraverse 2.5 for loop and 3 for Peroneal. Proglide closure. Let's hope for him

Learning points

1. Below the knee below the ankle arterial disease will be frequently encountered
2. This is a classic avoid the stent zone in Critical Limb Ischaemia
3. The more vessels you can achieve an in-line flow with patent plantar arch the better you can expect your results to be
4. To perform a pedal plantar loop angioplasty ipsilateral antegrade access is ideal
5. Try to get all 3 vessel inline flow
6. Closure devices help avoid compression induced flow limitations in antegrade access
7. Good knowledge of anatomy, persistent patient operators will be successful in about 85% of attempts
8. The ability to create the plantar arch is an indispensable weapon in Endovascular armamentarium