

Collateral circulation preserving flow in a failing vein bypass graft

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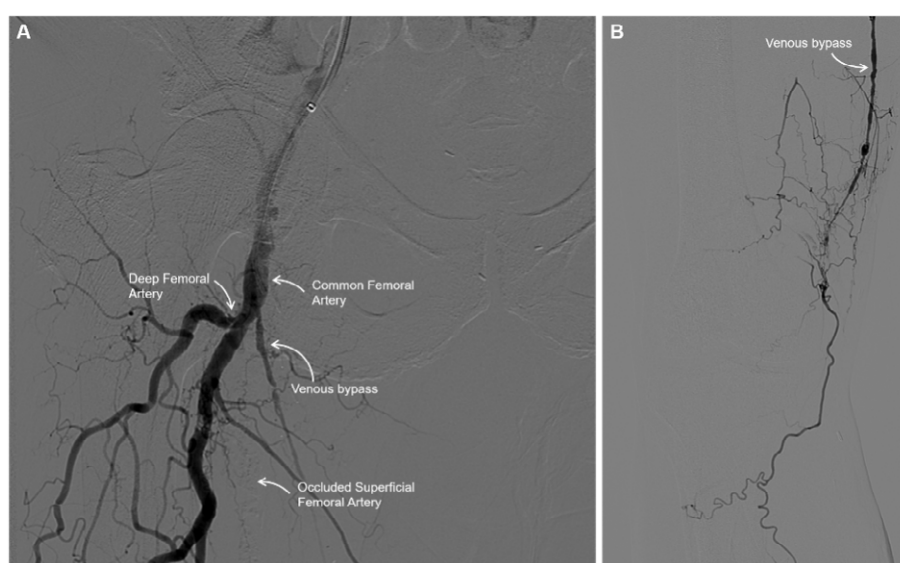
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An 80-year-old man was referred for endovascular treatment of a failing femoropopliteal bypass, based on duplex ultrasound criteria showing a mid-graft peak systolic velocity < 40 cm/s. He had undergone a right femoropopliteal bypass with an ipsilateral reversed great saphenous vein four years earlier. Initial angiography revealed a diffusely stenotic graft (Panel A). Selective angiography after graft catheterization demonstrated complete distal graft occlusion, with runoff exclusively through well-developed collateral vessels originating from the graft itself (Panel B). No intervention was performed because of stable intermittent claudication and the expected poor outcome of bypass recanalization.

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