We describe the hybrid revascularization technique for treatment of TASC D AIOD after failing Femoro-femoral crossover bypass for 2 times.

**History**: A 68 year-old male with history of coronary artery disease s/p PCI present with rest pain of his Rt. leg after two attempts of femoro-femoral crossover bypass. CTA showed total occlusion of ring PTFE bypass graft with CTO of Rt. external iliac artery (EIA) and common femoral artery (CFA) with bilateral common iliac artery (CIA) stenosis.

**Procedure**: We performed Rt. iliac axis reconstruction with hybrid-endovascular technique. We access with cross over technique from Lt.CFA via 6 Fr sheath. We used 0.035 hydrophilic guidewire to make loop by continually rotating and advancing guide wire and 5-Fr catheter subintimally through the occlusion into Rt.CFA. Rt.CFA was cut down. Rt.EIA was predilated with Admiral balloon then Fluency plus stent graft was deployed in Rt.EIA (retrogradely from Rt.CFA). Complete SE stent was also deployed in Rt.CIA. Rt.Femero-Rt.SFA bypass with interposition PTFE graft was performed because of long CTO with heavily calcification of Rt.CFA. Completion angiography showed technically successful of this hybrid revascularization.

**Follow-up**: At OPD (2 weeks later), the patient was getting well, no rest pain or claudication. CTA at 3 month after operation show patent of stent and bypass graft. At twelve-month follow-up, ABI of Rt. Leg and Lt.Leg were 1.0 and 0.91, respectively.

**Conclusions**: Hybrid revascularization is safe for TASC D AIOD with good early outcome.