



What is the secondary patency of thrombosed bypasses of the lower limbs cleared by fibrinolysis in situ?

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OBJECTIVES: In case of acute thrombosis, lower limbs bypasses can, in certain cases, be cleared by local intra-arterial fibrinolysis (LIF). The aim of this study was to evaluate the secondary patency of thrombosed bypasses after fibrinolysis.

METHODS: This retrospective study includes all patients hospitalized for thrombosed bypasses of the lower limbs that were treated with in situ fibrinolysis using urokinase, between 2004 and 2013, in two French university hospital centers. Fibrinolysis was indicated in case of recent thrombosis (< 3 weeks) provoking acute limb ischemia without sensory-motor deficit and in the absence of general contraindications. The secondary patency of the grafts was defined as the time after fibrinolysis without a new thrombotic event.

RESULTS: There were 207 patients, hospitalized for recent thrombosis of 244 bypasses. The LIF was efficient in 74% of the cases (n=180). Secondary patency of these bypasses, was 54.2% and 32.4% overall, 68.3% and 50.3% for the supra-inguinal bypasses and 48.3% and 21.5% for the infra-inguinal bypasses, at 1 year and 5 years respectively. There is a significant difference ($p = 0.002$) regarding the permeability of the supra-inguinal and infra-inguinal bypasses. The survival rate was 75% ($\pm 6.4\%$) at 5 years and the limb salvage rate was 89% ($\pm 3.3\%$), 78.2% ($\pm 5.1\%$) and 75% ($\pm 5.8\%$) at 1 year, 3 years et 5 years respectively. The only independent factor influencing the secondary patency of infra-inguinal bypasses that was significant in a multivariate analysis was the infragenicular localization of the distal anastomosis ($p=0.023$).

CONCLUSIONS: LIF is an effective approach that often allows the identification of the underlying cause, permitting elective adjunctive treatment of the underlying cause. Although LIF is at least as effective as its therapeutic alternatives described in the literature, the secondary patency of the bypasses remains modest and encourages close monitoring, particularly in patients with an infragenicular bypass.

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- [1] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=37950>
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