



## The role of the deep femoral artery in the treatment of thigh claudication in case of hypogastric occlusion

Submitted by Emmanuel Lemoine on Tue, 02/24/2015 - 16:14

Titre	The role of the deep femoral artery in the treatment of thigh claudication in case of hypogastric occlusion
Type de publication	Article de revue
Auteur	Picquet, Jean [1], Paumier, A. [2], Maugin, E. [3], Papon, X. [4], Enon, B. [5], Abraham, Pierre [6]
Editeur	Elsevier Masson
Type	Article scientifique dans une revue à comité de lecture
Année	2013
Langue	Anglais
Date	2013
Numéro	4
Pagination	474 - 9
Volume	27
Titre de la revue	Annals of vascular surgery
ISSN	1615-5947
Mots-clés	<p>Angiography [7], Arterial Occlusive Diseases/complications/diagnosis/surgery [8], Exercise Test [9], Female [10], Femoral Artery/surgery [11], Follow-Up Studies [12], Humans [13], Iliac Artery [14], Intermittent Claudication/diagnosis/etiology/surgery [15], Male [16], Middle Aged [17], Retrospective Studies [18], Thigh/blood supply [19], Treatment Outcome [20], Vascular Surgical Procedures/methods [21]</p>
Résumé en anglais	<p><b>BACKGROUND:</b> This study evaluated the clinical and functional efficiency of deep femoral artery (DFA) revascularization in treating thigh claudication associated with ipsilateral internal iliac artery (IIA) occlusion. <b>PATIENTS AND METHODS:</b> The files of patients presenting with proximal claudication, ipsilateral IIA occlusion, and conventional surgical revascularization of DFA were retrospectively reviewed. Each patient benefited from preoperative and postoperative measurement of dynamic transcutaneous pressure of oxygen (TcPO<sub>2</sub>) and presented with preoperative proximal stress-related ischemia and with the clinical symptoms of buttock, thigh, or groin pain. <b>RESULTS:</b> Between May 2001 and December 2009, 23 DFA revascularizations were performed on 19 patients. Proximal stress-related pain disappeared in 17 lower limbs (74%). No postoperative thromboses were noted. Mean maximum walking distance (MWD) significantly improved (149+/-113 vs. 414+/-257 m; P&lt;0.025), as did the ankle to arm systolic pressure index (0.71+/-0.17 vs. 0.90+/-0.19; P&lt;0.005). Disappearance of proximal stress ischemia, revealed through postoperative dynamic TcPO<sub>2</sub> measurement, occurred in 6 lower limbs (26%). Patency of ipsilateral superficial femoral artery, ipsilateral to the symptoms, seemed to be a predictive factor of MWD improvement (P&lt;0.05). <b>CONCLUSIONS:</b> DFA revascularization is an efficient treatment for thigh claudication in case of IIA occlusion, even if the results are less satisfactory than those obtained through direct revascularizations of this artery.</p>

URL de la notice	<a href="http://okina.univ-angers.fr/publications/ua8445">http://okina.univ-angers.fr/publications/ua8445</a> [22]
DOI	10.1016/j.avsg.2011.11.046 [23]
Lien vers le document	<a href="http://dx.doi.org/10.1016/j.avsg.2011.11.046">http://dx.doi.org/10.1016/j.avsg.2011.11.046</a> [23]
Titre abrégé	Ann Vasc Surg

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