

CORRESPONDENCE

Re: The influence of Subintimal Angioplasty on Level of Amputation and Limb Salvage Rates in Lower Limb Critical Ischaemia: A 15-year Experience

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We have read with much interest the paper by Hynes, Mahendran, Manning *et al.* The retrospective study suggests that subintimal angioplasty (SIA) for lower limb critical ischaemia (CLI) has resulted in a steadying of numbers of major amputations despite an ageing population and increased number of vascular interventions. There are points in the paper regarding the methodology and conclusions which we would like to highlight and would be grateful for the authors' response.

In the 3 years following the appointment of the new surgeon performing SIA, the frequency of arterial interventions increased by some 40%. Overall limb salvage increased by some 30%. Primary major amputation rates were unchanged.

Intervention for limbs without tissue loss is less likely to result in major amputation compared to those with ulceration or necrosis, regardless of whether the intervention was technically successful.^{1,2} Was an attempt made to subdivide the patients into those with and without tissue loss?

Follow-up data was unavailable in 19% of patients, even including data from general practitioners. Was failure of data collection evenly distributed between the groups? With regard to the conclusions on the burden of increasing population age and co-morbidity, the demographics provided demonstrate no difference in these parameters between the two groups. Further, the comment in the conclusion regarding increased patient referrals is not supported by data. The relative proportion of patients that received intervention is, therefore, unclear.

References

- 1 BALDWIN ZK, PEARCE BJ, CURI MA, DESAI TR, MCKINSEY JF, BASSIOUNY HS *et al.* Limb salvage after infrainguinal bypass graft failure. *J Vasc Surg* 2004;**39**:951–957.
- 2 GOSHIMA KR, MILLS Sr JL, HUGHES JD. A new look at outcomes after inguinal bypass surgery: traditional reporting standards systematically underestimate the expenditure of effort required to attain limb salvage. *J Vasc Surg* 2004; **39**:330–335.

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Prior to the establishment of specialized unit, vascular disease was treated by general surgeons with no endovascular capabilities. The incidence of CLI has not suddenly changed, but the number of patients being referred to our service, who were traditionally referred to specialized centers outside our catchment area, has substantially increased. We have shown that high Deliberate Practice Volumes provide significant improvements in salvaging life and limb.

We used the SVS/AAVS Ad Hoc Committee-recommended standards for reporting. We found no significant difference in the category of presentation since introduction of subintimal angioplasty (SIA) and using multivariate analysis, we did not find that presenting category was a predictor of adverse outcome.

The success of SIA in healing ulcers was previously investigated by our group. We looked for indicators of

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