IMPACT OF CILOSTAZOL AFTER INFRAINGUINAL ARTERIAL REVASCULARIZATION IN FEMALE DIALYSIS PATIENTS: RETROSPECTIVE MULTICENTER ANALYSIS

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Background: In peripheral artery disease, female gender and hemodialysis are known as the risk of poor prognosis after revascularization. Some studies reported cilostazol reduced restenosis after endovascular therapy (EVT), but its efficacy remains unclear in female dialysis patients. The purpose of this study was to investigate whether cilostazol reduces restenosis after infrainguinal arterial revascularization in female dialysis patients.

Methods: This study was performed as a multicenter retrospective registry. Between 2004 and 2009, 128 limbs (of 105 dialysis women, mean age 68.5 ± 10.2 years, mean follow up 30.2 ± 17.9 months) underwent infrainguinal arterial revascularization. 42 limbs were treated with cilostazol (cilostazol group); 86 limbs without cilostazol (control group). Two groups were compared in terms of demographic date and risk factor for atherosclerosis. Primary endpoints were primary and secondary patencies.

Results: Patient characteristics except for age (cilostazol, 65.1 ± 9.9; control, 70.1 ± 10.0; p = 0.008) did not differ significantly between the 2 groups. EVT was performed in 89 limbs (cilostazol, 35; control, 54; p = 0.018). At 1, 3 years, the primary patency rate were 75.7%, 44.1% (cilostazol group); 46.8%, 32.7% (control group) (log-rank test, p = 0.029), the secondary patency rates were 94.9%, 91.8% and 84.2%, 76.6% (log-rank test, p = 0.067).

Conclusions: Cilostazol significantly reduced restenosis after revascularization in female dialysis patients.