Response to Comment on “Endovascular Treatment of Profunda Femoris Artery Obstructive Disease: Nonsense or Useful Tool in Selected Cases?”

Dear Professor Savolainen,

Thank you very much for your interest concerning our paper entitled: “Endovascular Treatment of Profunda Femoris Artery Obstructive Disease: Nonsense or Useful Tool in Selected Cases?”

Our experience with endovascular revascularization of the profunda femoris artery (PFA) showed 93.3% healing of minor foot or digital ischemic ulcerations during a mean follow-up of 29.2 months, in contrast with the results from your series with a mean follow-up of 5.5 months. One possible explanation may be the number and quality of distal "run off" vessels. The Profunda Popliteal Collateral Index seems to be an excellent predictor for success of profunda revascularization pre-interventionally. Additionally, the quality and duration of the adjunctive "best" medical treatment can also play an important role. In spite of our good results we treated only a small cohort of our patients (those with technically demanding and hazardous "open" repair of PFA) by endovascular means.

Regarding to your second comment we used as reference the "old" but good study of Kalman et al. to emphasize that "open" profundoplasty has been proven efficient for over two decades ago reflecting long-term durability of surgical procedures.

In our paper we concluded that the revascularization of PFA by "open" techniques remains the gold standard. PTA of PFA could be offered in carefully selected patients with technically demanding "open" repair of PFA with rest pain or minor tissue loss, as bailout treatment.

References


References


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