

FEMORAL ARTERY PERCUTANEOUS REVASCULARIZATION FOR PATIENTS WITH CRITICAL LIMB ISCHEMIA: OUTCOMES COMPARED TO PATIENTS WITH CLAUDICATION OVER 2.5 YEARS

i2 Poster Contributions

Ernest N. Morial Convention Center, Hall F

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Background: The impact of vessel patency on long-term clinical outcomes following revascularization for critical limb ischemia (CLI) is uncertain. We compared patency rates and clinical outcomes among patients with CLI and claudication after percutaneous femoral artery revascularization.

Methods: We followed a cohort of 171 limbs in 136 consecutive patients at two institutions after successful revascularization. Patients were followed for 2.5 years, and survival analysis used to compare outcomes for critical limb ischemia (n=25) and claudication (n=128). Major adverse event (MAVE) was defined as failed primary patency, death or amputation.

Results: Compared to claudicants, patients with CLI were older (mean age 67 yrs. vs. 73 yrs, p=0.016) and more had chronic kidney disease (22% vs. 40%, p=0.07). Compared to claudicants, patients with CLI had longer lesions (148 mm vs. 216 mm, p=0.07), more total occlusions (42% vs. 76%, p=0.002), and more TASCII C or D lesions (36% vs. 72%, p=0.001). Compared to claudicants, revascularized CLI lesions had similar failed primary (adjusted HR=1.1, p=0.89) and secondary patency (adjusted HR=1.1, p=0.95), but had more MAVE (HR 2.3, p=0.028) (Figure).

Conclusion: Although, CLI had a higher risk of long-term death and amputation, patency rates for successfully revascularized limbs were similar. Co-morbidities, rather than patency, more likely affect long-term clinical outcome and highlight the importance of overall cardiovascular care in patients with CLI.

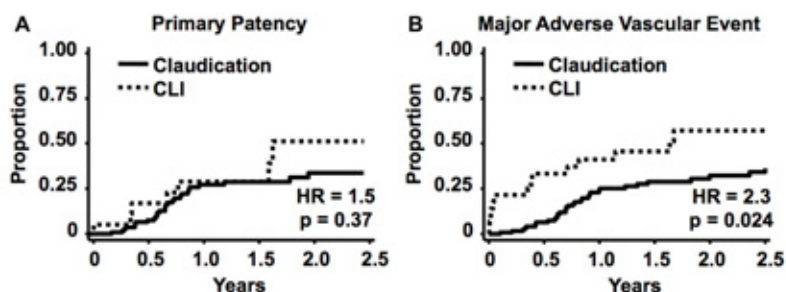


Figure: Primary patency (A) and MAVE (B) over 2.5 years in 128 limbs with claudication and 25 limbs with CLI after successful percutaneous femoral artery revascularization.