MID-TERM OUTCOMES OF PACLITAXEL-COATING NITINOL STENT PLACEMENT FOR CHRONIC TOTAL OCCLUSION IN THE FEMOROPOPLITEAL ARTERY

Poster Contributions
Poster Hall B1
Sunday, March 15, 2015, 3:45 p.m.-4:30 p.m.

Session Title: PAD and Vascular Medicine
Abstract Category: 44. Vascular Medicine: Endovascular Therapy
Presentation Number: 1224-338

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Background: To assess the 1-year results of paclitaxel-coating nitinol stent (Zilver PTX) placement for chronic total occlusion (CTO) and non-CTO in the femoropopliteal artery.

Methods: All patients enrolled in this prospective, single center study underwent Zilver PTX placement for de novo or restenotic CTO and non-CTO in the superficial femoral and/or popliteal artery.

Results: There were 61 of CTO and 58 of non-CTO treated. Mean age was 74 ± 8 years and male was 82 % in overall. CTO group were younger (73 ± 9 yrs vs. 76 ± 7 yrs, P < 0.04); less underwent hemodialysis (26 % vs. 48 %, P = 0.01); had a longer mean lesion length (209 mm ± 93 mm vs. 132 mm ± 87 mm, P < .0001); than non-CTO group. The primary patency of CTO group was significantly lower than non-CTO group in Kaplan-Meier estimate curves at 12 months (75 % vs. 82 %, Log-rank P < 0.05). There were no significant differences in freedom from target lesion revascularization at 12 months (78 % vs. 84 %; Log-rank P = 0.28). Both groups experienced a significant improvement in Rutherford classification and ABI after treatment, and these improvements were sustained to 12-months follow-up. Based on multivariate analysis, CTO was a negative predictor for primary patency at 12 months (HR 2.37, 95 % CI 1.02 to 5.9, P < 0.05).

Conclusion: CTO influences negatively the primary patency of Zilver PTX placed in the femoropopliteal artery. However, Improvement of ABI and Rutherford classification at 12-months after CTO- intervention is sustained.