PREDICTORS OF TWO-YEAR MORTALITY AND RISK STRATIFICATION FOR PATIENTS WITH CRITICAL LIMB ISCHEMIA TREATED WITH ENDOVASCULAR OR SURGICAL BYPASS RECONSTRUCTION

Moderated Poster Contributions
Poster Sessions, Expo North
Monday, March 11, 2013, 9:45 a.m.-10:30 a.m.

Session Title: Vascular Medicine: Endovascular Therapy IV
Abstract Category: 34. Vascular Medicine: Endovascular Therapy
Presentation Number: 1298M-169

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Background: The BASIL investigators reported that overall survival and amputation-free survival were not different at 2-year after endovascular therapy (EVT)-first or bypass surgery (BSX)-first revascularization strategies for patients with critical limb ischemia (CLI). However, beyond 2 years there appeared to be a benefit for BSX.

Methods: Between January 2007 and December 2011, 459 consecutive patients with CLI who underwent first EVT (396 patients) or BSX (63 patients) were enrolled, and assigned to two groups; alive at > 2-year or dead within 2-year. Multivariate analysis was performed to explore independent mortality determinants and risk stratification.

Results: Baseline characteristics included patient age (72±10yrs), diabetes mellitus (68%, 313/459) and end stage renal disease (ESRD) on dialysis (47%, 215/459). Death occurred in 84 patients within 2-year. Non-ambulatory status (odds ratio [OR], 4.09; 95% confidence interval [CI], 2.00-8.34), ESRD on dialysis (OR, 2.15; 95% CI, 1.10-4.19) and left ventricular (LV) dysfunction (OR, 2.86; 95% CI, 1.38-5.89) were negatively associated with predictors of 2-year mortality. Based on stratification of patient survival according to the number of risk factors, it was lower in higher risk group. (Figure)

Conclusions: The predictors of mortality within 2 years after EVT or BSX for patients with CLI are non-ambulatory status, ESRD on dialysis and LV dysfunction. Risk stratification allows estimation of 2-year mortality in patients with CLI.