LONG-TERM OUTCOMES OF ENDOVASCULAR THERAPY VERSUS BYPASS SURGERY IN THE CLAUDICATOR WITH TASC-C/D FEMOROPoplITEAL DISEASE: RESULTS FROM THE RECANALISE REGISTRY

Poster Contributions
Poster Sessions, Expo North
Saturday, March 09, 2013, 3:45 p.m.-4:30 p.m.

Background: We assessed the hypothesis that EVT was safe and good result compared with bypass surgery. The purpose of this study was to evaluate long-term outcomes of EVT and bypass surgery in the claudicatior with complex lesions.

Methods: We pooled data from patients enrolled in RECANALISE (REtrospective Comparative ANALysis of the revascularization method for Infrainguinal artery disease, surgical reconstruction and Endovascular treatment) registry, which is a multicenter registry in Japan. Of 1165 patients underwent revascularization, 696 patients (mean follow-up 40±24 month) were treated because of intermittent claudication. After TASC-A/B patients were excluded, 313 lesions only with femoropopliteal lesion (EVT vs. bypass = 202 vs. 111) were analyzed by Kaplan-Meier methods and compared by the log rank test.

Results: Overall complication rate was 3.5% and 14.4% in EVT and bypass surgery group (p<0.01). 1 and 5 years primary patencies were 82% and 74% in bypass surgery group; 68% and 51% in EVT group. Although bypass surgery group had higher primary patency rate than EVT group by the log rank test (p<0.01), secondary patency rates were not different significantly between EVT and bypass surgery group.

Conclusions: In conclusion, though bypass surgery is feasible treatment for the claudicatior with TASC-C/D femoropopliteal desease, EVT is also good option by the reason of lower complication rate and good secondary patency rate.