LONG-TERM MORTALITY AFTER ENDOVASCULAR TREATMENT FOR CRITICAL LIMB ISCHEMIA WITH TISSUE LOSS

i2 Poster Contributions
Georgia World Congress Center, Hall B5
Monday, March 16, 2009, 9:30 a.m.-10:30 a.m.

Session Title: Endovascular and New Technologies
Abstract Category: PCI - Endovascular
Presentation Number: 2505-450

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Background: Long-term survival after endovascular treatment for critical limb ischemia (CLI) remains unclear. The aim of this study is to assess the long-term mortality after endovascular intervention for CLI with tissue loss.

Methods: A total of 122 consecutive patients (male; 88) with 149 limbs with tissue loss (Rutherford 5 and 6) underwent successful endovascular treatment between May 1998 and June 2008. Multiple endovascular techniques were employed and also, current available stents were implanted, if needed.

Results: The mean age was 70±10 (range, 37-94) years. Eighty patients (66%) had diabetic mellitus and 54 (44%) had end-stage renal disease (ESRD) (53: hemodialysis, 1: peritoneal dialysis). During the mean follow-up time of 20±19 (range, 1-104) months, 5 (5%) were sent to bypass surgery and 13 (11%) resulted in major amputation. Also, 32 patients (26%) died, 7 from cardiac and 25 from non-cardiac reasons. Limb salvage was 93% at 2 years and 90% at 5 years, respectively. Cox proportional hazards multivariate analysis identified ESRD (P=0.002) and age (P=0.045) as independent predictors of long-term mortality. Long-term survival rate was 69% at 2 years and 56% at 5 years, respectively, and was significantly (P=0.0045) lower in ESRD patients than in non-ESRD patients (Figure).

Conclusion: Endovascular treatment for CLI with tissue loss showed the satisfactory long-term outcome. Pre-existing ESRD was predictive of a high risk for long-term mortality.