as initial indication for treatment who received BM stent were less likely to develop critical limb ischemia after stent occlusion (OR, 0.25; P = .016).

**Conclusions:** Compared to BM stent use of CS in the treatment of advanced SFA and popliteal lesions is associated with higher primary patency rates. Patients are more likely to advance from claudication to critical limb ischemia after failure of a covered stent.

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**PS114.**

Gender Differences in the Long-Term Outcomes of Infrageninal Arterial Revascularization: Retrospective Multicenter Analysis

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**Objectives:** The purpose of this study is to evaluate the gender differences in the long-term outcomes of infrageninal revascularization, in multi-center experience.

**Methods:** This study was multicenter retrospective analysis from January 2004 to December 2009. 1001 limbs (696 men; group1 and 305 women; group2) underwent infrageninal arterial revascularization; endovascular therapy and bypass surgery. Male and female group were compared in terms of primary patency and secondary patency. Patencies were assessed by either duplex ultrasound or angiography, analyzed by Kaplan-Meier estimation and compared by the log rank test.

**Results:** There were no differences in all cause death, MACE and MALE between two groups. At 6 years, the primary patency rate were 48.2% (male group) and 32.1% (female Group) (P = .0001), secondary patency rates were 80.5% and 68.9% (P = .0008).

Gender (HR, 1.40; 95% CI, 1.15 to 1.73; P = .001) and critical limb ischemia (HR, 1.61; 95% CI, 1.16 to 2.23) were risk factors of infrageninal artery restenosis.

**Conclusions:** Significant sex differences exist with regard to the outcomes in infrageninal arterial revascularization.

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**PS116.**

Smoking Cessation and Clinical Outcomes in Young Patients Undergoing Endovascular Treatment for Critical Limb Ischemia

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**Objectives:** Endovascular treatment is being offered more and more to young patients with critical limb ischemia (CLI), but patency rates and outcomes have been reported as modest. This study assesses outcomes of endovascular revascularization in young CLI patients according to their smoking attitude.

**Methods:** Outcomes after endovascular treatment performed from 2005 to 2012 were retrospectively revised in patients aged <50 years at the time of revascularization. Risk of reintervention and limb loss were assessed according to timing of smoking cessation, adjusted for clinical confounders.

**Results:** Percutaneous angioplasty was performed on 112 limbs of 86 patients with CLI (Rutherford category 4 = 19.7%; 5 = 70.5%; or 6 = 9.8%). Initial technical