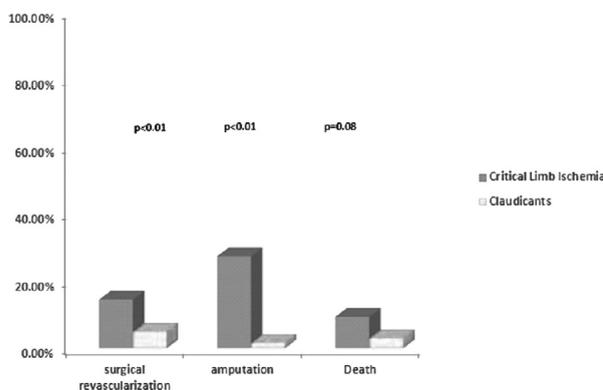


outcomes of Superficial Femoral (SFA), Popliteal and Below the Knee (BTK) vessels for Claudicants vs. CLI.

**Results:** A total of 559 interventions were performed on 343 patients (Claudicants 77% vs. CLI 23%). Diabetes Mellitus and Chronic Kidney disease were more prevalent in the CLI group as compared to Claudicants (71.8% vs. 54%,  $p < 0.01$  and 30.8% vs. 13.4%,  $p < 0.01$  respectively). Stent implantation was significantly lower in CLI patients (67.1% vs. 47.6%,  $p < 0.01$  respectively). Lesion lengths and frequency of chronic total occlusions were similar in both groups ( $105.3 \pm 80.4$  vs.  $122.1 \pm 77.6$ ,  $p = 0.08$ ; 65.0% vs. 75.1%,  $p = 0.2$  respectively). Statin therapy was lesser used in CLI as compared to Claudicants (76.1% vs. 87.3%,  $p = 0.05$ ). Although repeat revascularization rates were similar in both groups (16.2% vs. 17.6%,  $p = 0.7$  respectively), surgical revascularization and amputation rates were higher in CLI (14.5% vs. 4.9%,  $p < 0.01$  and 27.4% vs. 1.6%,  $p < 0.01$  respectively). Likewise, mortality rates were also higher in the CLI cohort (9.4% vs. 3%,  $p = 0.008$ ).

**Conclusions:** CLI patients have lower rates of stenting but significantly higher frequency of surgical revascularization and amputations.

Figure-1 Complication rates between CLI vs. Claudicants



## CRT-214

### Peace Registry: Patency Evaluation After Implantation of the Pulsar - 18 Self - Expanding Nitinol Stent in the Superficial Femoral and Popliteal Arteries

Michael Lichtenberg,<sup>1</sup> Guenther Wittenberg,<sup>2</sup> Birgit Hailer<sup>3</sup>

<sup>1</sup>Arnsberg Clinic, Arnsberg, Germany; <sup>2</sup>Evangelisches Krankenhaus Bielefeld, Radiology department, Bielefeld, Germany; <sup>3</sup>Katholisches Klinikum Essen, Vascular Center, Essen, Germany

**Purpose:** Patency evaluation of the self-expandable Pulsar-18 nitinol stent in patients for the treatment of femoro-popliteal occlusive disease in a national multicenter prospective all comers registry with a follow up period of 12 months.

**Methods:** Between 01/2012 and 08/2012 this all comers multicenter prospective registry enrolled 118 patients (64 male patients) with 151 symptomatic femoro-popliteal lesions Rutherford category II - V for recanalization and implantation of the Pulsar-18 nitinol stent. Primary patency was defined as no binary restenosis on duplex ultrasound (PSVR  $< 2,5$ ) and respectively no target lesion revascularization performed within 12 months follow up. Drug eluting balloons were not allowed in this registry.

**Results:** Average lesion length of the femoro-popliteal segment was  $111,5 \pm 71,4$  mm. According to the TASC classification 48 / 151 lesions were TASC D lesions. Mean stent implantation length was  $122,7 \pm 64,5$  mm. A total occlusion was present in 84 of the 150 (56,7 %) treated lesions. Involvement of popliteal segment I-III was present in 28 (18,7 %) lesions. Primary patency after 6 and 12 months was 91,7 % and 79,5%. The clinically driven overall freedom from target lesion revascularization (FTLR) was 93,2 % after 6 months and 81 % after 12 months. ABI, pain free walking distance and Rutherford category improved significantly ( $p < 0,001$ ) after 6 months and after 12 months. The restenosis rate in patients with diabetes ( $p = 1,0$ ) and renal insufficiency ( $p = 0,8$ ) was not significantly higher. Overlapping stents showed a non-significant trend for higher incidence of a significant restenosis. Popliteal stent implantation (P I - III segment) was not associated with a significant higher restenosis rate ( $p = 0,3$ ) after 12 months. For recanalization of chronic total

occlusions (CTO) we did not find a significant difference ( $p = 0,67$ ) in restenosis rate compared to non CTO lesions.

**Conclusions:** In this all comers registry using the Pulsar-18 self-expandable nitinol stent endovascular intervention of femoro-popliteal disease with a mean lesion length of 111,5 mm for revascularization had a promising primary patency and freedom from target lesion revascularization rate after 6 and 12 months. Diabetes had no negative impact on the patency rate. The primary patency rate in popliteal segments was acceptable with 71,4 % after 12 months.

## Renal Intervention

### CRT-215

#### Efficacy and Safety of Transradial Approach to Renal Artery Interventions

Anand Deshmukh, Nachiket Patel, Mubammad Azzouz, Sebr Haroon, Daniel K. Hilleman, Manu Kausbik, Michael White, Michael DelCore, Aryan Mooss, Dennis Esterbrooks, Thomas Lanspa  
Creighton University Medical Center, Omaha, NE

**Background:** Coronary interventions are routinely performed using transradial approach. But there is scarcity of studies evaluating the safety and efficacy of transradial approach to renal artery interventions. Thus further studies are needed to assess the efficacy and safety of this approach to renal artery interventions.

**Methods:** We conducted a retrospective chart review of all patients who underwent renal artery intervention at our institution from January 2000 through May 2012 and collected demographic, clinical and procedural characteristics. The patients were divided into two groups based on transradial or transfemoral approach for the procedure and outcomes were evaluated during the index hospitalization. The primary endpoint was the success rate of the approach, which was defined as successful completion of the procedure in achieving less than 30% residual stenosis without crossing over to any alternative approach. Secondary endpoints were major access site bleeding, time to discharge in hours after the end of the procedure, occurrence of cerebrovascular accident (CVA) or transient ischemic attack (TIA), and all cause mortality during the hospitalization.

**Results:** A total of 42 patients in the radial group and 35 patients in the femoral group underwent renal artery interventions on 59 and 51 lesions respectively. There were no significant differences in the baseline demographic and clinical characteristics between the two groups. There were a mean of  $1.07 (\pm 0.51)$  stents placed in the radial group and  $1.23 (\pm 0.77)$  stents placed in the femoral group. The primary endpoint was achieved in 40 (95%) and 35 (100%) patients in the radial and femoral groups respectively ( $p = 0.50$ ). There were no differences between radial and femoral groups in regard to major access site bleeding (0% in each group), time to discharge in hours ( $34.6 \pm 33.0$  vs.  $39.8 \pm 66.5$ ,  $p = 0.25$ ), CVA/TIA (2% vs. 0%,  $p = 1.00$ ) and all cause mortality during hospitalization (0% in each group) respectively.

**Conclusion:** Radial approach is an equally effective and safe alternative to transfemoral approach for renal artery interventions.

### CRT-216

#### Arterial Spasm During Renal Denervation: Is it a Complication?

Cinzia Moncalvo,<sup>1</sup> Vincenzo Puma,<sup>1</sup> Giuseppe Celano,<sup>2</sup> Angelo Laurenza,<sup>1</sup> Giuseppe Carosio,<sup>1</sup> Paolo Cioffi<sup>1</sup>

<sup>1</sup>NCC Città di Alessandria, Alessandria, Italy; <sup>2</sup>Clinica San Gaudenzio, Novara, Italy

**Background:** In our center 11 patients (3 women. Average age  $59.4 \pm 16$  years) affected by resistant hypertension were submitted to transcatheter renal denervation (TREN) between November 2011 and June 2013. 6 patients presented signs of hypertensive vascular damage. The patients were taking an average of 4 antihypertensive drugs in dosage ceiling, including a diuretic. The values of mean arterial pressure were:  $176/98 \pm 17/14$  mmHg.