

(Heel wound, n=28), and group E (Extensive wound extending onto the forefoot or midfoot along with dorsum or plantar surfaces, n=43). Successful revascularization was defined as achievement of direct blood flow to the wounds evaluated by digital subtraction angiography just after EVT.

Results: We achieved successful revascularization 73% in group T, 79% in group H, and 51% in group E. In success group, wound healing rates were 81% in group T, 59% in group H, and 32% in group E ($p < 0.001$). On the other hand, in non-success group, wound healing rates were 53% in group T, 33% in group H, and 0% in group E ($p < 0.001$). Time to healing were 50 days (interquartile range: 23-99 days), and 65 days (28-156 days) in group T ($p = 0.20$); 145 days (121-317 days), and 260 days (234-285 days) in group H ($p = 0.39$) with and without successful revascularization.

Conclusions: Successful revascularization increased wound healing rates of all types wounds, however, time to healing was not statistically different with and without successful revascularization. Not only successful revascularization but also various factors are associated with wound healing in patients with CLI.

TCT-520

Long-Term CT-Scan Follow-up Of Inferior Vena Cava Filter: Warning Bells From A Single-Center Experience

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Background: Inferior vena cava filters (IVCF) have increasingly been used for prevention of pulmonary thromboembolism (PTE) in deep venous thrombosis (DVT) when anticoagulant therapy is contraindicated or in patients presumed to be at high risk. Persistent DVT and risk factors or lack of follow-up may account for IVCF left permanently in place. We assessed long-term performance of permanent IVCF with abdominal CT scan.

Methods: ALN IVCF (ALN Implants Chirurgicaux®) is a retrievable, non-magnetic, stainless steel filter consisting of nine legs. Six short legs (SL) provide anchorage and three long legs (LL) allow coaxial filter positioning. Among 54 pts with DVT who received ALN IVCF, 12 pts (58% female, mean age 55 years, range 19-80) with filter left permanently in place underwent abdomen CT scan during follow-up. Six pts had a second CT scan and one pt had four CT scans. Time from IVCF implantation to CT scan follow-up ranged from 2 to 163 (mean 60) months. Penetration of filter into the IVC wall was defined as ≥ 3 mm protrusion of a leg outside the IVC wall. Grade 3 penetration was defined as any interaction with an adjacent organ outside the IVC. Fracture was defined as any loss in structural integrity of the IVCF. Embolization was defined as remote endovascular migration of a fractured leg.

Results: In all pts (12/12), CT scan showed penetration of filter legs. Overall, 57/72 (79%) of the SL but only 1/32 (3%) of the LL were outside IVC wall. Grade 3 penetration of 13 (18%) SL was observed in 8(67%) pts: 9 into a vertebral body and 4 into small intestine. In 4 (33%) pts, 11 (15%) SL fractures were observed, while in 3 (25%) pts embolization of a total of 7 SL occurred: 3 in a pulmonary artery branch, 2 in the right side of the heart, 1 in the liver and 1 whose embolization site was not found. None of the pts had clinical manifestations related to IVCF dysfunction.

Conclusions: IVC injury and loss of IVCF structural integrity seem to be the rule rather than the exception after prolonged IVCF positioning. These findings should encourage IVCF removal when possible. Furthermore, surveillance follow-up with abdominal X-ray or CT scan in all patients with permanent IVCF is strongly advisable.

TCT-521

Comparison of Clinical Outcomes of Endovascular Intervention between Octogenarians and Non-Octogenarians with Peripheral Arterial Diseases

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Background: To compare clinical outcomes of endovascular intervention (EVI) between octogenarians and non-octogenarians with peripheral arterial disease (PAD)

Methods: A retrospective analysis of 490 consecutive patients (619 legs) who underwent EVI between June 2005 and February 2013, was conducted in a prospectively maintained database. Patients ≥ 80 (128 patients, 158 limbs) and < 80 years old (362 patients, 461 limbs) were compared to demographics, 30-day major adverse vascular events (MAE), limb salvage, sustained clinical success (SCS), secondary sustained clinical success (SSCS) and overall survival.

Results: Patients ≥ 80 were more likely to be female and have more atrial fibrillation, whereas those < 80 were more likely to have diabetes mellitus, dialysis dependence, hyperlipidemia, high body mass index and claudicants. There were more multi-level interventions in patients ≥ 80 (55% vs. 45%, $p=0.04$). The procedure success rate (93.7% vs. 94%, $p=1.0$) and 30-day MAE were similar in both age groups (10.1% vs. 9.3%, $p=1.0$). The SCS (< 80 vs. ≥ 80 , 56% vs. 53%, $p=0.859$), SSCS (< 80 vs. ≥ 80 , 72% vs. 76%, $p=0.07$) and limb salvage rates (< 80 vs. ≥ 80 , 91% vs. 95%, $p=0.085$) were

similar between both age groups at 24 months. Patients ≥ 80 still have shorter survival as compared to those < 80 (57% vs. 71%, $p<0.01$) during the follow-up period.

Conclusions: Our results suggest EVI in octogenarian with more complex lesions is safe and feasible without increasing the risk of complications. Although the overall survival remained worse in this elderly group, 24-month SCS, SSCS and limb salvage rate were similar in both age group. For patients ≥ 80 with PAD, EVI should be considered as first-line treatment of choice.

TCT-522

The impact of statin therapy for atherosclerotic renal artery stenosis after percutaneous transluminal renal artery stenting

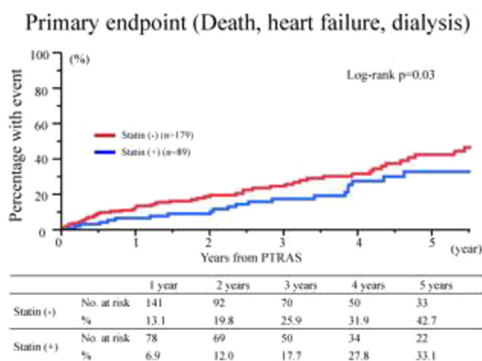
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Background: Although percutaneous transluminal renal artery stenting (PTRAS) has become popular for treating atherosclerotic renal artery stenosis (ARAS), effect of statin after PTRAS remains uncertain. The aim of this study is to examine the influence of statin after PTRAS.

Methods: Consecutive 268 patients who were diagnosed as atherosclerotic renal artery stenosis by duplex ultrasound and angiography received renal artery stenting, and they were enrolled in the study between Aug 1996 and July 2010. Data were collected on clinical outcomes over a mean follow-up period of 43 ± 30 months. The primary endpoint was defined as the composite of all-cause death, hospitalization of heart failure, and initiation of dialysis.

Results: 89 patients (33%) received statin treatment during follow-up period. According to Kaplan-Meier analysis, the log-rank test showed patients who received statin treatment have a lower event rate than patients without statin (Log-rank test; $p=0.03$), and percentage with event was reduced by 10% in the patients with statin treatment 5 years after PTRAS.



Conclusions: In conclusion, statin therapy was associated with a better outcome in patients with atherosclerotic renal artery stenosis who were received PTRAS.

TCT-523

Multicenter Registry for Peripheral Arterial Disease Interventions and Outcomes (XLPAD Registry)

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Background: There are limited data regarding contemporary use and comparative clinical outcomes of stent and non-stent based revascularization of infra-inguinal peripheral arterial vessels.