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Complete revascularization by Percutaneous peripheral intervention(PPI) improves the prognosis in patients with critical limb ischemia(CLI)

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Background: Patients on prolonged hemodialysis (HD) and diabetes patients are increasing in recent aging society because of the progress of HD technique and high calorie intake. Therefore CLI with multiple below knee (BK)-ASO are common in our daily practice. Patients with CLI are known to have increasing mortality. Methods: We retrospectively analyzed 45 cases of CLI with BK lesions from September 2007 to December 2011. About re-occlusion and long-term outcome (death, amputation). Re-occlusion was evaluated by ultrasonography or angiography. Patients were divided them into 2 groups depended on the number of occluded vessel after PPI (GroupA: none or 1 branch of BK lesion remained after PPI (n=27). GroupB: 2 or 3 branches remained. (n=18). Results: Mean age was 74.0 y.o., the rate of male was 55.6%, diabetes 66.7%, HD 75.6%, and IHD 93.0%. Initial procedure success rate was 91.7% in the GroupA, 65.0% in the GroupB. The major amputation rate was 28.5%, 52.9%, with no significant difference (mean follow up period: 363±321 day). The mortality was 18.5%, 41.2% respectively with significant difference (P=0.06, mean follow up period: 450±306 day). Conclusions: In PPI to CLI with BK lesions, the prognosis might be improved by complete revascularization of all BK branches as much as possible.