

Impact of the proper controlling of HbA1c for the lesion before treated with bare metal stent in superficial femoral artery

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**Background:** The association between hemoglobin A1c before EVT for superficial femoral artery and long term clinical outcomes of patients treated with bare-metal stent is unclear.

**Method:** From October 2005 to November 2011, 137 patients (164 limbs) on diabetes mellitus were treated with bare-metal stent implantation. We divided into two groups based on their preprocedural glycemic control. Better glycemic control was defined as a preprocedural A1c value of  $< 8.0\%$  (B group), and poor control was defined as a preprocedural A1c value of  $\geq 8.0\%$  (P group). The endpoints were primary patency, secondary patency and freedom from MALE defined as any reintervention and major amputation.

**Results:** Mean age of patient was  $71 \pm 25$  years old, including 54 limbs (33%) exhibiting critical limb ischemia. Artery patency was evaluated via angiography or vascular ultrasound. The rate of hemodialysis was no differences between two groups. Mean lesion length was no differences between two groups (B group:  $138 \pm 8.5$ , P group:  $144 \pm 15$ ,  $P=0.76$ ). The primary patency in P group were lower than B group in long term follow up. (P group: 67%, B group: 70%,  $P=0.029$ ). Freedom from MALE in B group were better than P group (P group: 28%, B group: 13%,  $P=0.027$ ). However no significant differences were detected in secondary patency (P group: 93%, B group: 86%,  $P=0.14$ ).

**Conclusion:** Inappropriate control of HbA1c resulted in increasing restenosis in SFA lesions