

## Impact of peripheral artery disease on early and late outcomes in patients who underwent transcatheter aortic valve implantation

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Background: Peripheral artery disease (PAD) is frequently present in patients with severe aortic stenosis undergoing transcatheter aortic valve implantation (TAVI). This study sought to assess the impact of PAD on clinical outcome after TAVI. Methods: A total of 115 patients who underwent TAVI were evaluated retrospectively. Patients were divided into PAD and non-PAD groups. PAD was defined as stenosis >50% in lower extremity arteries. Immediate and late clinical outcomes were compared between the two groups. Results: PAD was present in 31.3% (36/115) of the patients undergoing TAVI. The PAD group had higher Society of Thoracic Surgeon's risk (STS) score ( $8.83\pm 6.20\%$  vs  $6.23\pm 4.15\%$ ,  $p=0.039$ ), and more frequently diabetes ( $52.8\%$  vs  $30.4\%$ ,  $p=0.021$ ), and multi-vessel coronary artery disease ( $55.6\%$  vs  $29.1\%$ ,  $p=0.007$ ) than the non-PAD group. Incidence of major vascular complication ( $11.1\%$  vs  $1.3\%$ ,  $p=0.033$ ), 30-day mortality ( $13.9\%$  vs  $1.3\%$ ,  $p<0.001$ ) and subsequent 1-year ( $30.6\%$  vs  $3.8\%$ ,  $p<0.001$ ) and 2-year all-cause mortality ( $47.2\%$  vs  $10.1\%$ ,  $p<0.001$ ) were significantly higher in the PAD group. Combined PAD was identified as an independent predictor of increased 1-year mortality (hazard ratio [HR] 8.65; 95% confidence interval [CI], 1.05-71.14,  $p=0.045$ ) after TAVI along with high STS score (HR 11.18, 95% CI 1.36-92.04,  $p=0.025$ ). Conclusion: Presence of PAD was significantly associated with increased rates of major vascular complication, immediate and late mortality in patients undergoing TAVI. Assessment of PAD before TAVI appears to be essential to determine access strategy and to predict clinical results.

評価1	評価2	評価3	採否
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