

Long-term Clinical Outcomes of Patients with Critical Limb Ischemia underwent Percutaneous Transluminal Angioplasty and Routine Coronary Angiography

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BACKGROUND: Critical limb ischemia (CLI) and coronary artery disease (CAD) are associated with a high risk of mortality and cardiovascular events. Also, CAD is well-known for its higher prevalence in CLI patients (pts). We evaluated long-term clinical outcomes of the strategy of routine coronary angiography and subsequent coronary revascularization, if clinically indicated, in patients with CLI who underwent percutaneous transluminal angioplasty (PTA). **METHODS:** A total 674 consecutive CLI patients underwent PTA and coronary angiography. Coronary artery disease (CAD) was defined as angiographic stenosis $\geq 70\%$. Patients were divided into two groups according to the presence of CAD (CAD group: 413 pts, Non-CAD group: 261 pts). To adjust for any potential confounders that could cause bias, propensity score matching (PSM) analysis was performed. Clinical outcomes were assessed in a follow-up of 5 years by Kaplan-Meier curved analysis. **RESULTS:** After PSM analysis, two matched groups (160 pairs, n=320 pts) were generated and their baseline characteristics were balanced. During the 5-year clinical follow-up, there were no differences between the two group regarding mortality, myocardial infarction, strokes, peripheral revascularization, and target extremity surgery except that the coronary revascularization was higher in the CAD group than the non-CAD group. **CONCLUSION:** A strategy of routine coronary angiography and coronary revascularization may be a reasonable treatment option for patients who have high risk for severe CAD at least for 5 years. A randomized trial is needed to determine if this is the preferred strategy for CLI patients.

評価1	評価2	評価3	採否
発表日時 月 日 (第 日)	セッション	会場	時 分~ 時 分

受付番号

演題番号