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Long-term Clinical Outcomes of Patients with Chronic Kidney Disease and Critical Limb Ischemia underwent Percutaneous Transluminal Angioplasty

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BACKGROUND: Critical limb ischemia (CLI) and chronic kidney disease (CKD) are associated with poor outcomes. We assessed the 5-year clinical outcomes of CKD versus non-CKD patients (pts) with CLI who underwent peripheral transluminal angioplasty (PTA). METHODS: A total 765 consecutive CLI pts underwent PTA were analyzed. CKD is defined as either kidney damage or estimating glomerular filtration rate (GFR) < 90 mL/min/m2. Kidney damage is defined as pathologic abnormalities or markers of damage, including abnormalities in blood or urine tests or imaging studies. Pts were divided into two groups according to the presence of CKD (CKD group: 465 pts, non-CKD group: 300 pts). To adjust for any potential confounders that could cause bias, propensity score matching (PSM) analysis was performed. Five-year clinical outcomes were assessed by Kaplan-Meier curved analysis. RESULTS: The CKD stage of study populations showed that 42% had mild, 21% moderate, 3% severe, and 32% kidney failure or dialysis. After PSM analysis, two matched groups (226 pairs, n= 452 pts) were generated and baseline characteristics were balanced. During the 5-year , there were no differences in the incidence of myocardial infarction, strokes and coronary or peripheral revascularization between the two groups. However, the incidence of total death and the above the ankle amputation were higher in the CKD group than the non-CKD group. CONCLUSION: CKD pts with CLI had higher incidence of mortality and amputation rate at 5 years following standard PTA compared with non-CKD pts. Improved therapies and special care are needed for this high-risk group of patients.

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