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Effect of chronic kidney disease in endovascular treatment received peripheral artery disease patients : analysis from the K-VIS ELLA registry.

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Objectives : Percutaneous transluminal angioplasty(PTA) is considered as a non-inferior treatment compared to bypass surgery in peripheral artery disease(PAD). Chronic kidney disease(CKD) is an established risk factor for PAD. Aim of this study is to clarify the impact of CKD to PTA received PAD patients.

Methods & Results : From the Korean Vascular Intervention Society(K-VIS) endovascular therapy in lower limb artery disease registry(ELLA) registry, clinical impact of CKD presence was analyzed. Among 3073 patients, 606 patients(19.72%) were CKD prevalent. Non-CKD group showed better clinical success rate, than CKD group(66.5% v.s. 19.7%, p<0.001). Among the CKD group, non-severe CKD group and severe CKD group didn't show significant difference in clinical success(54.3% v.s. 50.8%, p=0.442). In clinical outcome, CKD group showed higher incidence of bleeding, in-hospital death, unexpected reintervention, unexpected amputation and planned amputation, than non-CKD group(p value 0.033, <0.001, 0.008, <0.001, <0.001, relatively). Non-severe CKD and severe CKD group comparison was also done and severe CKD group showed higher incidence of bleeding, in-hospital planned amputation(p value 0.007, 0.038). Better event-free survival of non-CKD patients by Kaplan-Meier curve was shown, among the total. Among the CKD patients, death-free survival difference was insignificant, but reintervention / amputation free survival were better in non-severe CKD patients' Kaplan-Meier curve.

Coclusion: In our study, PTA underwent PAD patients with CKD showed worse short term outcome and event free survival. Among the CKD patients, severe CKD patients showed worse short term outcome, reintervention, amputation free survival, but death-free survival showed no difference from non-severe CKD patients.

評価1	評価2	評価3	採否
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