In Patients With Extensive Gangrene From CLI (Rutherford 5 And 6), Limited Vein And Occlusive Disease Of The SFA And Distal Arteries, Endovascular Treatment Of The SFA And A Short Vein Distal Bypass Is The Best Way To Achieve Limb And Patient Survival

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No conflict of interest related to this presentation

Patients

Rutherford 5 or 6
TASC B - C SFA lesions
TASC D BTK occlusions
Diffuse calcifications
GSV not suitable for its whole length (CABG, stripping for varicose veins, or inadequate size or quality)

Good candidates to a vein bypass graft

Outcomes following infrapopliteal angioplasty for critical limb ischemia

Ruby C. Li, MD, Jeremy Darling, BA, Rodney F. Arnold, MD, Kristina A. Giles, MD, Suzanne E. O’Doherty, PhD, Allan D. Leshnoff, MD, Mark Wyers, MD, and Marc J. Schermerhorn, MD, Boston, Mass

Determinants of Outcome after Endovascular Therapy for Critical Limb Ischemia with Tissue Loss

A retrospective review (2006-2010) of 106 patients undergoing endovascular therapy for critical limb ischemia with tissue loss

20% survival at two years after EV in patients with tissue loss

Outcomes following infrapopliteal angioplasty for critical limb ischemia

Infrapopliteal PTA for CLI
from 2004 to 2012
409 limbs of 413 patients

Poor results of EV in TASC D BTK lesions

Outcomes following infrapopliteal angioplasty for critical limb ischemia

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Predictors of Early Graft Failure After Infrainguinal Bypass Surgery: A Risk-adjusted Analysis from the NSQIP
R.T. Lancaster, M.F. Conrad, V.I. Patel, R.P. Cambria, G.M. LaMuraglia

Database collected between 2005 and 2008 from 211 hospitals, 9217 BPG procedures

Multivariate predictors of early graft failure

Composite bypass graft is a strong predictor of failure

Eur J Vasc Endovasc Surg 2012; 43: 549-555

Infrapopliteal PTA for CLI
from 2004 to 2012
409 limbs of 413 patients
DEMOGRAPHICS

From 2008 to 2013

23 pts:
18 CABG
2 SAPHENECTOMY
3 INADEQUATE
15 SFA PTA
8 SFA stenting

16 popliteal-pedal bypass
7 popliteal-plantar bypass

From 2008 to 2013

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CONCLUSIONS

• EV in SFA B and C lesions: TASC recommended, good results
• EV in TASC D BTK lesions: bad long term results, poor survival
• Short ultradistal vein graft: good and durable in BTK TASC D improves outflow of SFA, still patent with bad inflow

If GSF unavailable, the combination of EV in SFA and vein graft BTK gives higher limb salvage rate and longer patient survival than total EV treatment