With Severe CLI (Rutherford 5 And 6) Patient Survival After Endo Treatment Is Poor And Better With Open Surgery Treatment

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SEVERE CLI and TISSUE LOSS: A REAL CHALLENGE

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

Severity of tissue loss and severe comorbidities are associated with poorer outcomes of endovascular therapy: 50% wound healing and 20% survival at 4 yrs

Endovascular Management (Percutaneous Transluminal Angioplasty) of Patients with Critical Limb Ischemia: Long-Term Results

ROLE OF PTA UNCLEAR IN CASE OF EXTENSIVE ANATOMIC DISEASES

447 PATIENTS (Rutherford IV-VI) age, 70 + - 12 years; diabetes, 65.8%; and dialysis, 13%.
MEAN FOLLOW-UP 28 months (range, 0-83 months).

5-YEAR PRIMARY PATENCY 31%
5-YEAR ASSISTED PATENCY 75%

63 patients had major amputations.
Dialysis and 1 vessel runoff negative predictors of primary patency
Dialysis, diabetes, and poor runoff were predictors of mortality.
12% annual death rate

LIMB SALVAGE @ 5 YEARS 74%
SURVIVAL @ 5 YEARS 39%

…but...

Dialysis, diabetes, and poor runoff were predictors of mortality.

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

Poor wound healing after EV repair in Rutherford 5 and 6 pts
Persistence of infection and pain in the salvaged limbs explains high mortality rate
Limb salvage is calculated on alive patients
Overall survival is the real indicator of success
Long-term outcomes following infrapopliteal angioplasty for critical limb ischemia
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All patients undergoing infrapopliteal PTA for CLI from 2004–2012 stratified by TASC class.

Multivariable predictors of restenosis were TASC C and TASC D lesions.

CONCLUSION: TASC D lesions should preferably be treated with bypass in patients with suitable distal targets, and adequate venous conduit.

Rutherford 5-6

PREDICTIVE CRITERIA OF FAILURE FOR EV IN RUTHERFORD 5 AND 6 PATIENTS
All detectable by DUS
- Extensive Wall Calcification
- Occlusion Of The 3 Leg Vessels
- PSV At Ankle < 20 Cm/Sec
- SRT >1/4 Of The Cardiac Cycle

RESULTS

OVERALL SURVIVAL 61% @ 5 YEARS
AMPUTATION-FREE SURVIVAL 46.8% @ 5 YEARS

CONCLUSIONS
Loss of tissue, as in Rutherford 5 and 6 patients, when associated to TASC D lesions, is a strong predictor of failure of EV treatment and of poor late survival
This is mostly due to delayed wound healing and persistent pain and infection
Patency and limb salvage are not the real indicators of success of EV, as late mortality is close to untreated CLI

An open surgical bypass should be offered to R 5 and 6 pts whenever possible, as survival is better than with EV