1. Literature on BTA-PTA
2. What is outflow in BTA-PTA?
3. BAD without SAD
4. SAD with/without BAD

Objectives:
To evaluate the safety and effectiveness of BTA-PTA

Data sources: Medline, EMBASE, and CENTRAL DB, 1964-2018

Methods: Methodological Index for Non-Randomized Studies (MINORS) score

Disclosure
Roberto Ferraresi, MD

In the last 2 years I have the following potential conflicts of interest to report:


Virtual shareholder: Limflow

Below-the-ankle (BTA) PTA: when is it helpful, when harmful: should 1 or more arteries be treated, other pearls

Vincenzo Foppa, 1462
Cappella Portinari, S. Eustorgio Church
Milan, Italy

Virtual shareholder: Limflow
All included studies were of moderate quality according to the MINORS score.

**Technical success** → high: 63-95%

Mean 12-months limb salvage rate 87.7% without significant statistical difference between additional BTA-PTA and BTK-PTA only.

Mean 12-months amputation-free survival 76.8% with a significant statistical difference between additional BTA-PTA and BTK-PTA only.

**CONCLUSIONS**

— Currently available evidence is poor: 10 studies of moderate quality/524 legs/technical heterogeneity.

— Additional BTA-PTA seems to be safe and feasible.

— The only statistically significant parameter was a composite end-point of amputation-free survival.

**BTA-PTA is still in an "artisanal era"**

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**Foot arteries are the border between two different diseases in terms of biology and clinical evolution:**

Big Artery Disease (BAD) & Small Artery Disease (SAD)

Before going in BTA vessels we must clarify in every patient the outflow (burden of BAD and SAD) otherwise our treatment can be dangerous!
In BAD-patients outflow is good!
We can do BTA-PTA looking for the healthy foot distribution system

1. Literature on BTA-PTA
2. What is outflow in BTA-PTA?
3. BAD without SAD
4. SAD with/without BAD
Normal distribution of the system of the forefoot

Failure of the distribution system of the forefoot

- 60 y old male
- Type 2 DM (17 y)
- Rest pain and 1-2 toes suffering
In SAD-pts BTA outflow is diseased and PTA can be dangerous, leading to slow-flow/no-reflow phenomenon and early subacute thrombosis.

In the vast majority of the cases SAD is an untreatable disease, either surgically or percutaneously, and is able to jeopardize the fate of the leg/procedure/patient!}