Optimal Treatment Of **Diabetics With CLTI And Extensive Ulceration/Gangrene**: When Endo, When Open Bypass: What Is The Best Timing For Foot Debridement

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**Endo vs. Bypass in Diabetics means…**

- **BTK - Endo** vs. **Distal Bypass**
  - 1 year Limb Salvage app 80%
  - No difference with or without Diabetes
  - Under local anesthesia
  - High re-intervention rate
  - Improved Patency with DES?

**Bridges Burned?**

<table>
<thead>
<tr>
<th>352 Infra-malleolar Bypasses</th>
<th>Limb Salvage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>69 % Diabetics</strong></td>
<td><strong>82 % Tissue Loss</strong></td>
</tr>
<tr>
<td><strong>Previous Endo</strong></td>
<td><strong>No Prior Endo</strong></td>
</tr>
<tr>
<td>1 year</td>
<td>69.9%</td>
</tr>
<tr>
<td>5 years</td>
<td>61.4%</td>
</tr>
<tr>
<td>10 years</td>
<td>53.7%</td>
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**Referral – Revascularization Delay > 2 weeks**

<table>
<thead>
<tr>
<th>Failed Endo</th>
<th>Extra Delay</th>
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<tbody>
<tr>
<td>Non-DM</td>
<td><strong>75.0%</strong></td>
</tr>
<tr>
<td>P=0.001 OR 3.1, 95% CI 1.4-6.9</td>
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</tbody>
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CLTI + Extensive Ulceration/Gangrene = Wifi Stage 4

GLASS:
Global Anatomic Staging System

When Endo?

Wifi 4 + GLASS I

When Open Bypass?

Wifi 4 + GLASS III

Indeterminate

Wifi 4 + GLASS II

Best Timing for Foot Debridement?

ACUTE INFECTION

CHRONIC

ASAP!

Revascularization first
IN SUMMARY

When Endo?
- Short lesions when adequate flow to the foot possible to achieve

When Open?
- Long lesions when target artery and vein available

Failed endovascular procedures cause further delay!
Rapid revascularization, especially for diabetics