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PATIENT SPECIFIC STRATEGIES IN CRITICAL LIMB ISCHEMIA

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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

- ☐ Consulting
- ☐ Employment in industry
- ☐ Stockholder of a healthcare company
- ☐ Owner of a healthcare company
- ☐ Other(s)

I do not have any potential conflict of interest

Introduction

- Recommendations of clinical guidelines for the treatment of critical limb ischemia (CLI) are based on randomized controlled trials. Recent data from clinical practice are however still lacking
- Recent technical advances have made endovascular treatment (EVT) an alternative first-line treatment for critical limb ischemia.

Definition of CLI

- CLI syndromes are currently classified by the clinical stages III and IV of the Fontaine classification, and this equates to the Rutherford categories 4, 5, and 6

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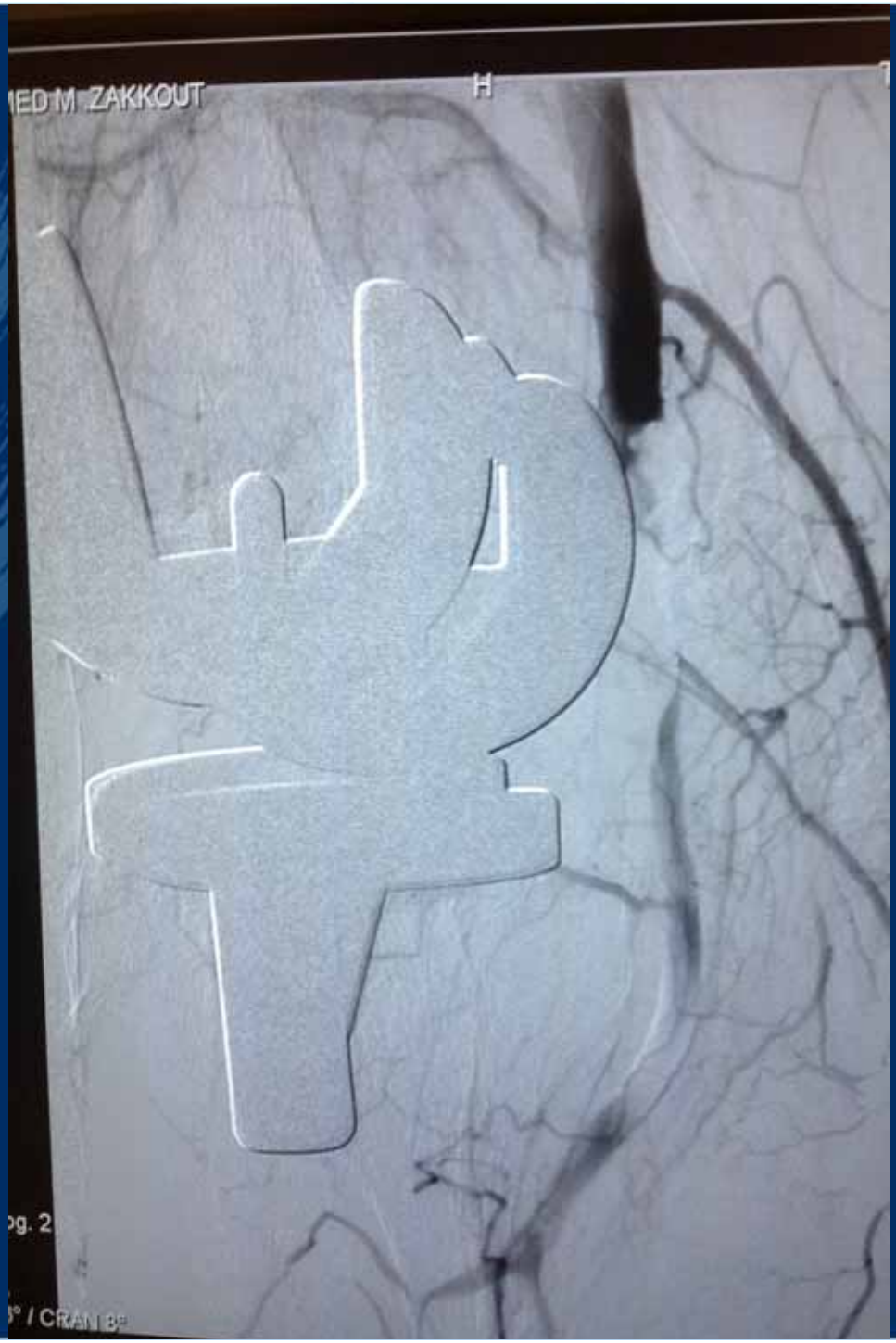

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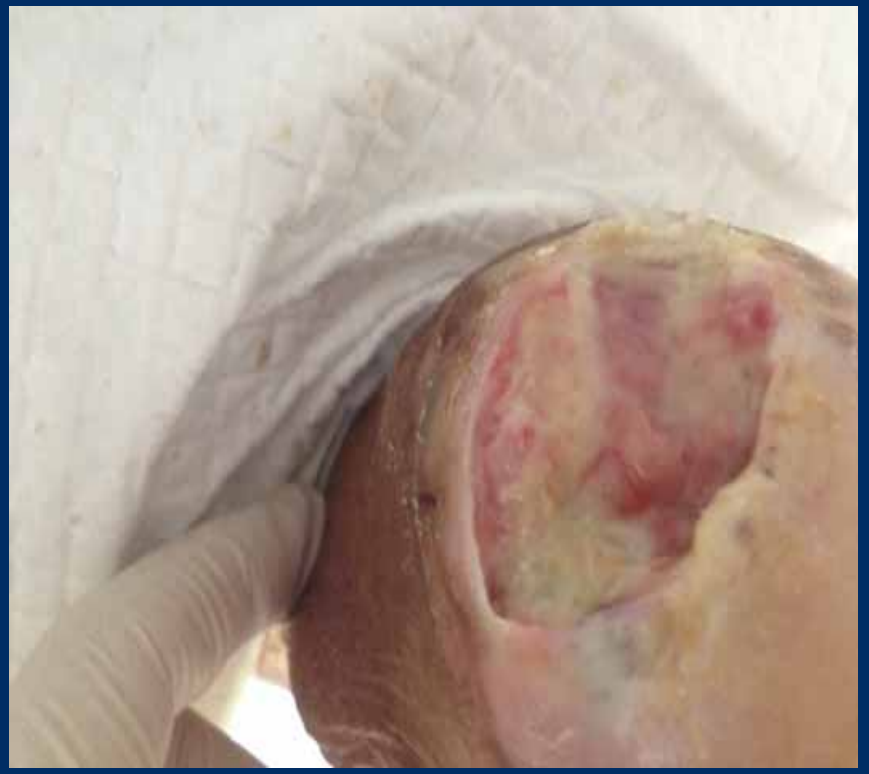
Definition of CLI

- the Second European Consensus Document defined CLI by 2 criteria:

1. Persistent recurring ischemic rest pain requiring regular adequate analgesia for >2 weeks, with an ankle systolic pressure ≤50 mm Hg, or a toe systolic pressure of ≤30 mm Hg
2. Ulceration or gangrene of the foot or toes, with an ankle systolic pressure of ≤50 mm Hg, or a toe systolic pressure of ≤30 mm Hg.



WHAT IS KNOWN

- The optimal treatment of critical limb ischemia (CLI) is revascularization.
- Bypass surgery is an efficacious and durable revascularization strategy, but it is not suitable for all patients.
- Endovascular treatment (EVT) is an alternative first-line option for the treatment of CLI, but existing data on this therapy are limited by predominantly retrospective single-center studies with long recruitment periods.

Circ Cardiovasc Interv. 2013;6:68-76

Recent Studies

Regardless of recent advances in PAD treatment, current outcomes remain poor especially in CLI. Despite overwhelming evidence for reduction of limb loss by revascularization, CLI patients still received significantly less angiographies and revascularizations.

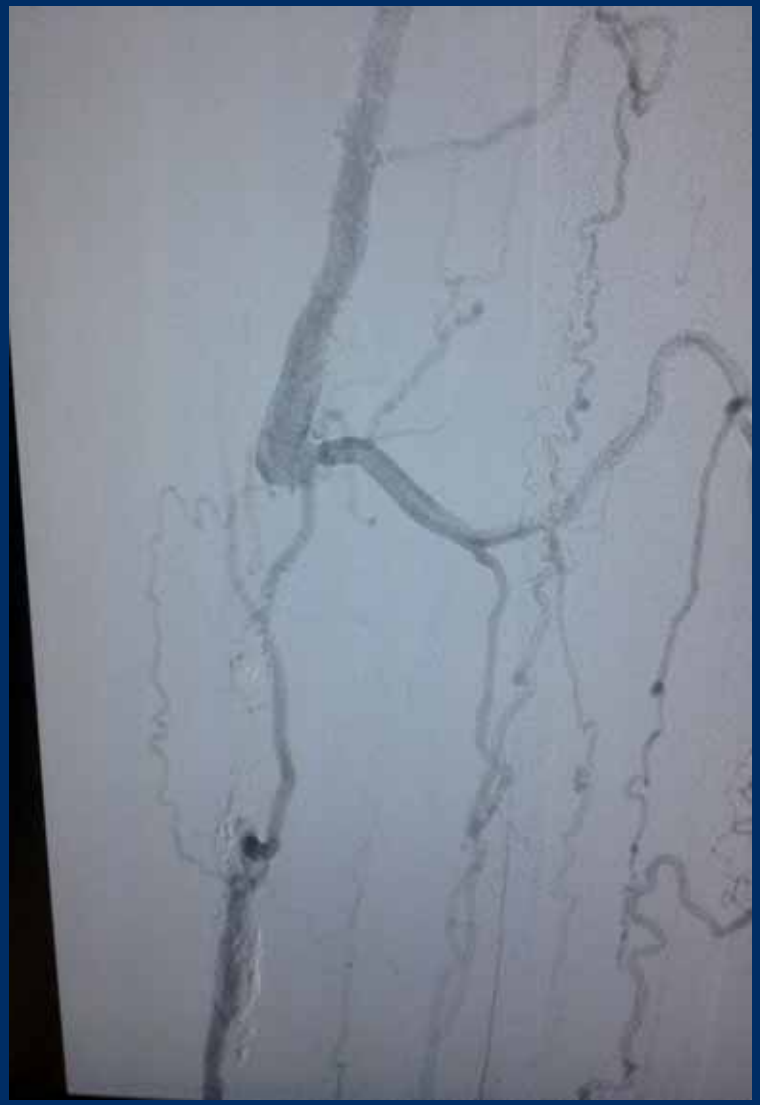
Eur Heart J. 2015;36:932-938,

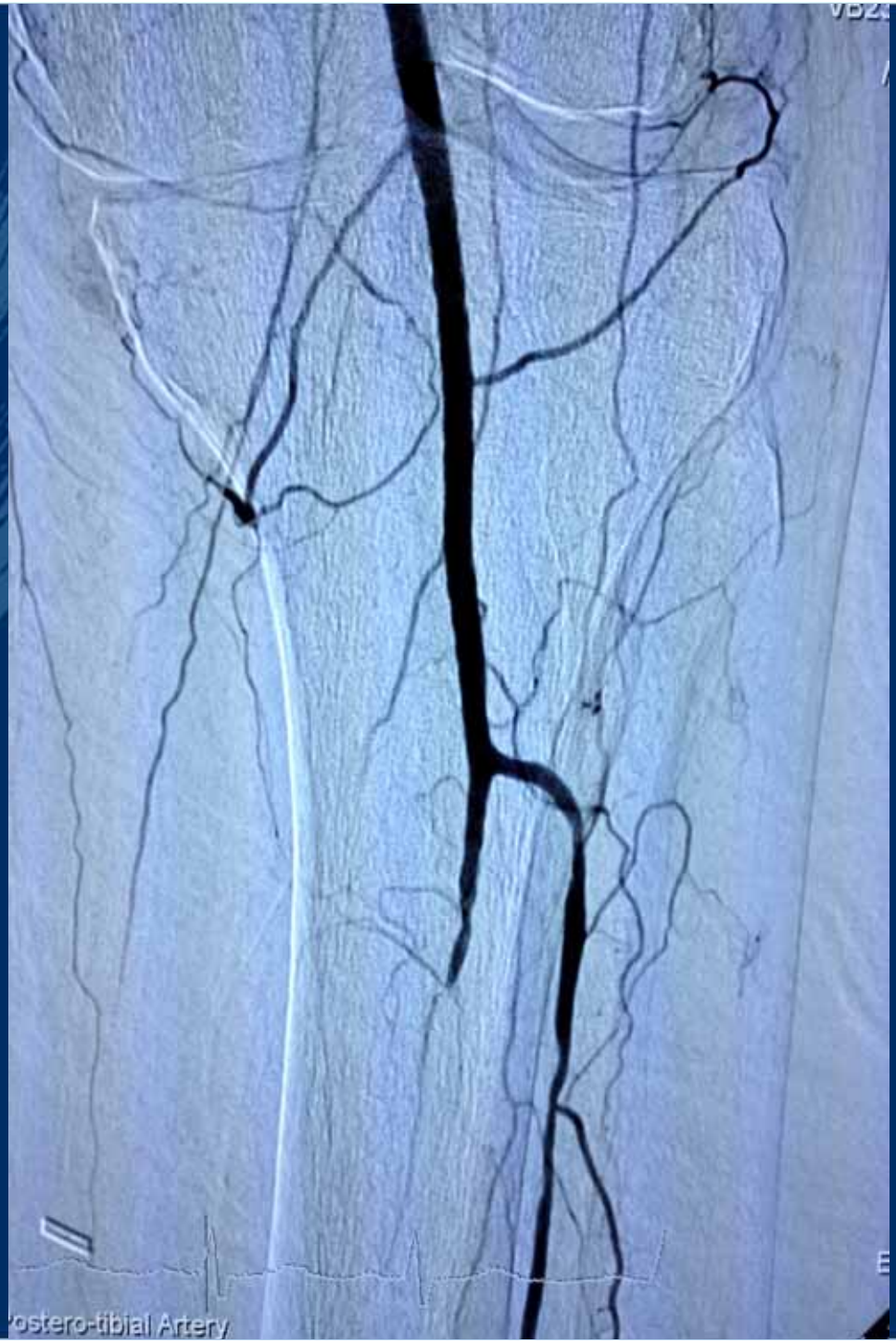
Patient specific strategies

- Complete Patient History
- Clinical Vascular Examination
- Non Invasive Vascular Examination
- Vascular Imaging
- Plan of Care: Revascularization
- Vascular Follow up till healing

Patient specific strategies

Percutaneous transluminal angioplasty was performed with standard techniques. The goal was to achieve straight-line flow from the abdominal aorta to the distal extremity




Postero-tibial Artery

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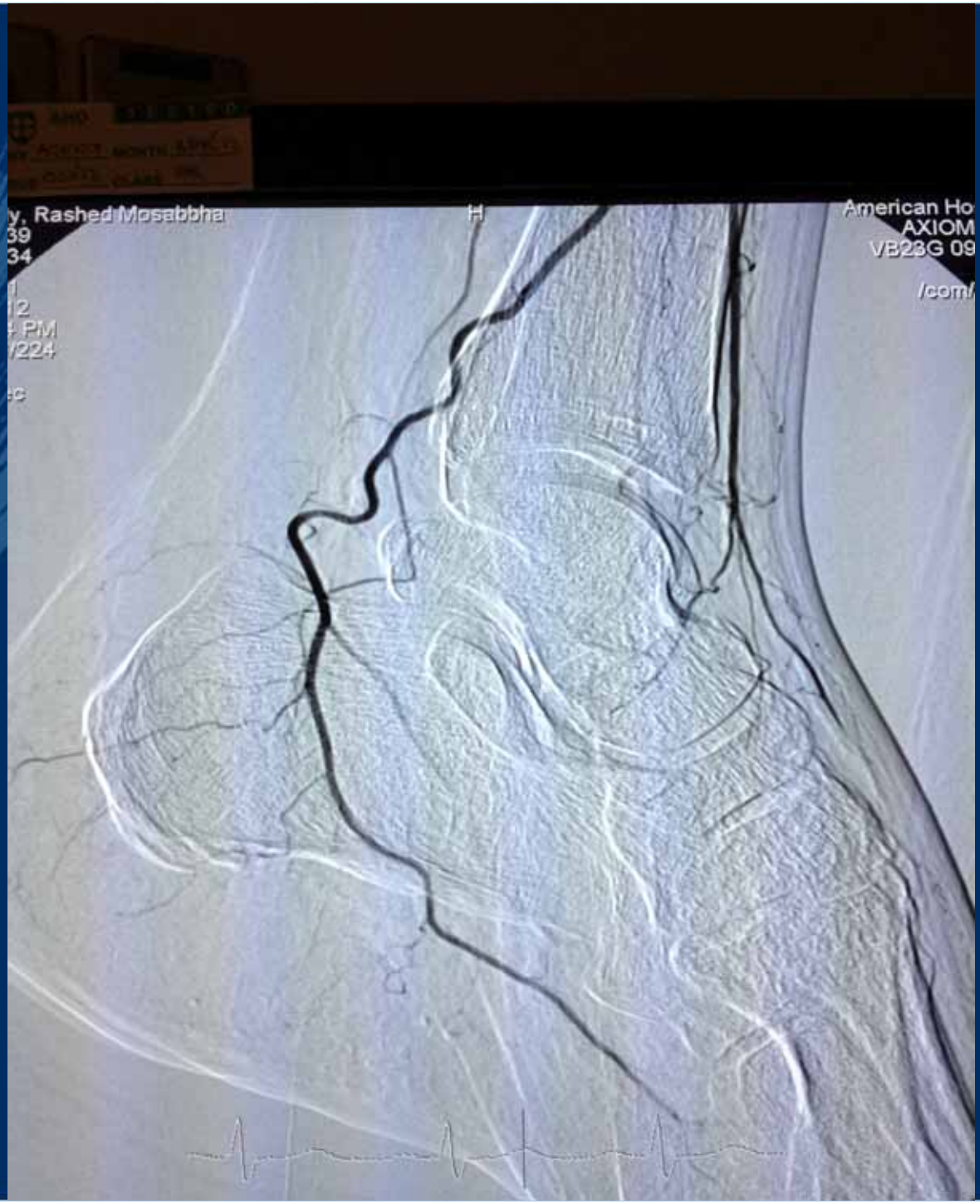

Patient specific strategies

- Balloon angioplasty was performed for severe stenosis in lower extremities. For infrapopliteal arteries, 0.014″ guidewires were used to traverse the lesions and balloon sizes ranged from 1.5-4.0 mm after the successful wiring under the 4 Fr guiding catheter support. Prolonged balloon inflations (120 seconds) were performed.

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Patient specific strategies

- Stenting was performed on a provisional basis when balloon angioplasty results were suboptimal.

- For chronic total occlusion (CTO), either true lumen angioplasty by dedicated CTO wires or subintimal angioplasty with provisional stenting was performed for longer CTO lesions.

Patient specific strategies

- Retrograde approach from the distal superficial femoral artery, popliteal artery, and pedal arteries was performed in selective cases.

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ACC/AHA Guidelines, 2008

- For individuals with combined inflow and outflow disease, inflow should be addressed first.

- For individuals with combined inflow and outflow disease with persist symptoms and infection after inflow revascularization, an outflow revascularization should be performed

Conclusions

Patient specific strategies at specialized vascular centres in combination with interventional or conservative treatment is beneficial in patients with critical limb ischemia

Revascularization needs to be done to achieve straight-line flow from the abdominal aorta to the distal extremity.

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