What is the Right Concept: Wound related or Total Treatment?

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DISCLOSURES:
Marco Manzi, MD

- Abbott Vascular: Consultant
- BARD/Clearstream: Consultant
- COOK: Consultant
- Covidien/EV3: Proctor
- Boston Scientific: Proctor
- Medtronic-Invatec: Consultant
Local or Total Repair?

Repair is Damage Related
Revascularization Strategies

R. Ferraresi, L.M. Palena, G. Mauri, M. Manzi
“Below the Ankle Peripheral Artery Disease” in
P. Lanzer, E.J. Topol - Panvascular Medicine- 2014 Ed.
Kinds of Endorevascularization

1. Complete
   - 1 vessel better than 0
   - 2-3 vessels better than 1
   - Tibials better than Peroneal

2. Wound Related (Angiosome)
   - Direct Revascularization (bypass or PTA) better than Indirect

3. Single Vessel
   - “OLD” concept linked to Limb Salvage; failure or impossibility to reach the ideal target
Combine all these strategies (antegrade – retrograde for successful endovascular therapy in diabetics with CLI)
Indicated in patients with deep infections or large wounds involving more than one angiosome. Patients scheduled for forefoot amputations (trasmetatarsal, Lisfranc or Chopart)
Revascularization Pattern Samples: Complete
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Revascularization Pattern Samples: Complete
Z.C. female, 78 yo; DM, hypercholesterolemia, Hypertension, TcPO2 = 4 mmHg
Phlegmon dorsal and plantar side of right forefoot

Revascularization Pattern Samples: Complete
Revascularization Pattern Samples: Complete
Revascularization of the artery directly feeding the wound region. Indicated in ulcers involving only one angiosome.
Revascularization Pattern Samples: Direct

WRA: Arterial Lesion clearly Related to a well demarcated foot wound
Revascularization Pattern Samples: Direct

R.R.
D.M., Dyalisis
CLI: non healing 2° toe amp; TUC 2c
1° and 3°
Revascularization Pattern Samples: Direct
Revascularization Pattern Samples: Direct

Subintimal Dissection
no re-entry
Revascularization Pattern Samples
Was demonstrated that the restoration of the blood flow to the ulcer through the collaterals provide good results in terms of healing and limb salvage. (Varela et al. Vasc Endovasc Surg 2010; 44:654-660)
Conclusions

• **Revascularization Patterns** should be tailored according to patient’s clinical situation whenever possible.

• **There are no studies** demonstrating complete revascularization prevents recurrences.
Thanks for your attention
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