

Below the knee angioplasty for critical limb ischemia in patients with indication of major amputation

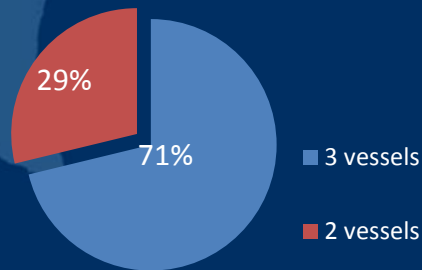
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Objective: We analyzed the limb salvage in critical limb ischemia (CLI) treated with endovascular therapy in patients (p) with indication of infrapopliteal amputation.

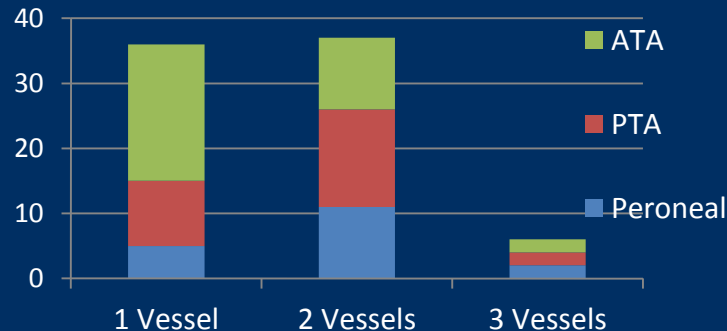
Methods : A retrospective, descriptive and longitudinal study of 65 consecutive patients (66 limbs) with chronic ischemia, in the infrapopliteal territory, between November 2011 and February 2015. We analyzed the clinical and angiographic characteristics and the limb salvage rate. The follow-up was clinical examination. Clinical success was defined as maintaining a viable extremity (major amputation -free survival).

Results: 66 limbs with a mean follow-up of 13.2 months were treated. Clinical characteristics: 45 men (69.23%), a mean age of 61.9 years (± 22.6), diabetes: 47 patients (71.2%), hypertension: 38 patients (57.6%), dyslipidemia: 23 patients (34.8%) and 32 patients (48.5%) smokers. Rutherford Classification : category IV: 3 patients (6%), V: 27 patients (40%) and VI: 36 patients (54%).

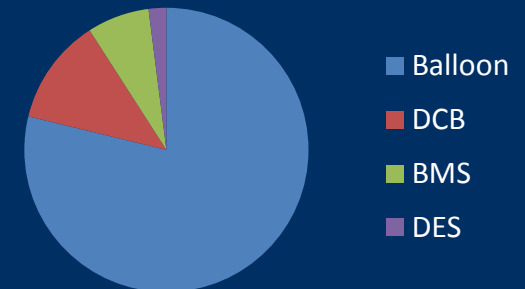
Number of vessels affected



100 Treated arteries



Treatment Strategy



Total occlusion >5 mm: 39%, and <5 mm: 35%, severe lesions >5 mm : 21% and <5 mm: 5%. Technical Failure: 4 patients (2.7%). Successful complete revascularization was achieved in 62 limbs out of 66. Clinical success: 57 patients (83.8%). Nine patients (16.2%) needed major amputation. The limb salvage rate was 84%.

Conclusions: Angioplasty of the arteries below the knee appears to be an effective treatment for severely compromised patients with CLI, reaching a high rate of limb salvage. Major amputation could not be prevented when we could only recanalize the Peroneal artery.