

# IMPACT OF PEDAL ARCH QUALITY ON TISSUE LOSS AND TIME TO HEALING IN DIABETIC PATIENTS WITH CRITICAL LIMB ISCHEMIA UNDERGONE ENDOVASCULAR REVASCULARIZATION

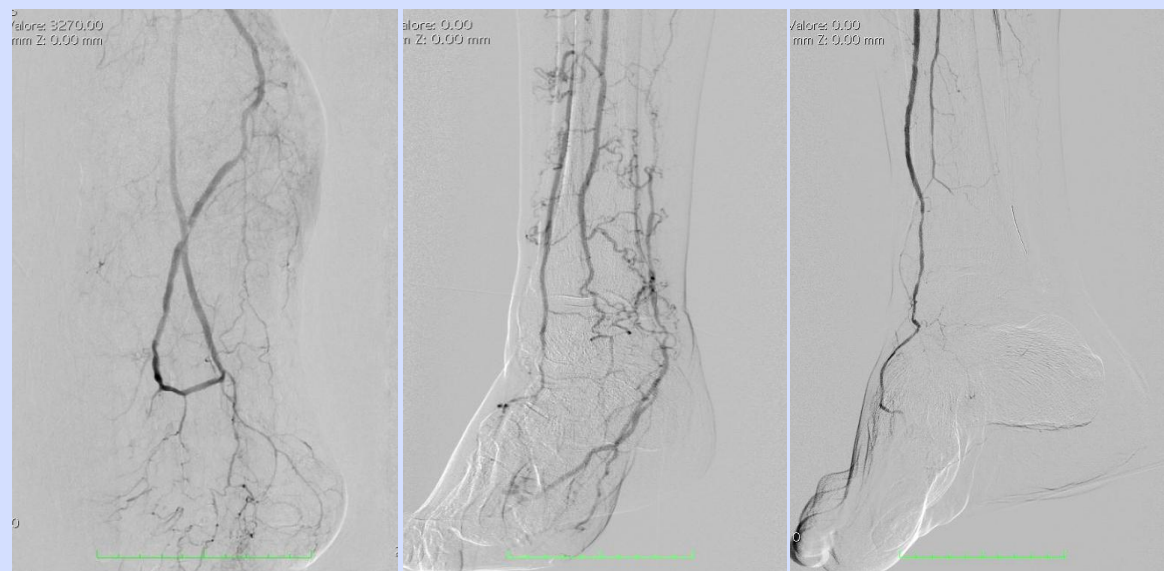
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## AIM

Aim of this study was to evaluate in our experience the impact of pedal arch quality on tissue loss and time to healing in diabetic patients with critical limb ischemia (CLI) undergone endovascular revascularization.

## METHODS

- ✓ Between January 2014 and June 2015 153 diabetic patients with CLI underwent endovascular peripheral revascularization in our Center.
- ✓ Final angiography of the foot was used to divide the patients in three groups according to the final status of pedal arch: complete pedal arch (CPA), incomplete pedal arch (IPA) and absent pedal arch (APA).
- ✓ Time to healing and estimated 1-year outcomes with Kaplan-Meier curves in terms of freedom from minor amputation, limb salvage, and survival were evaluated and compared between the three groups.

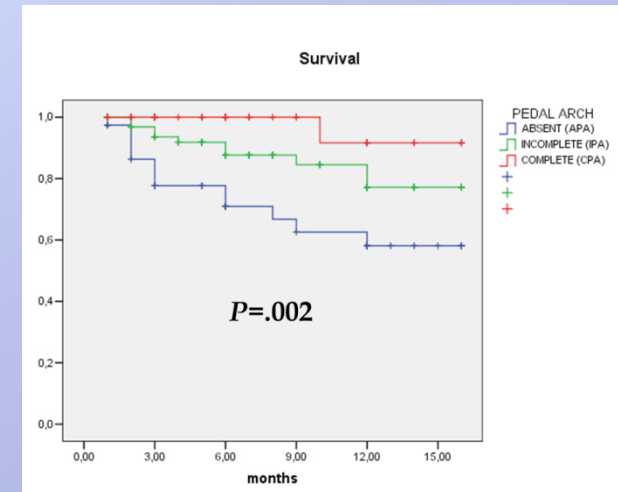
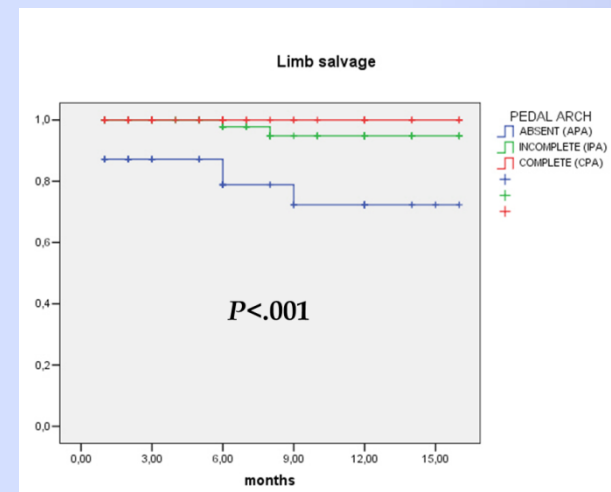
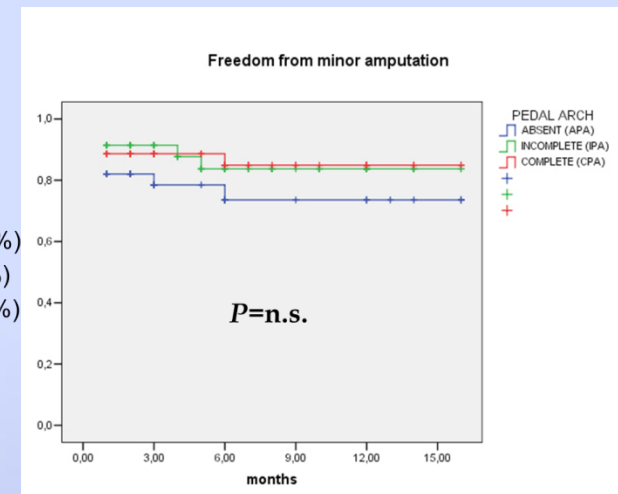
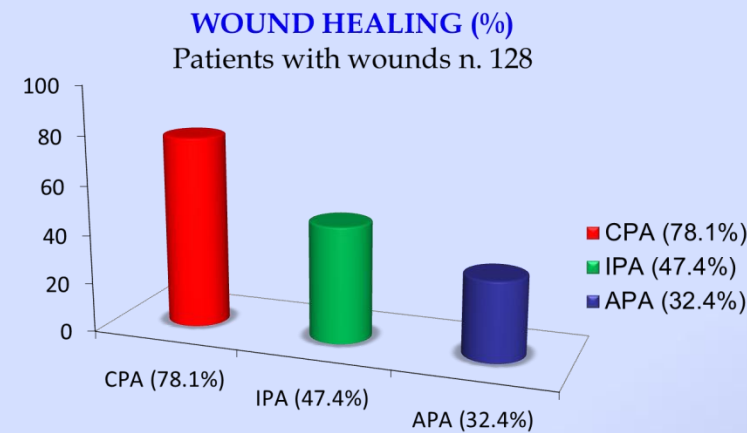


Complete pedal arch (CPA) = 44 (28.8%)

Incomplete pedal arch (IPA) = 70 (45.8%)

Absent pedal arch (APA) = 39 (25.4%)

## RESULTS



## CONCLUSIONS

In our experience pedal arch quality had a great positive impact on time to healing, limb salvage, and survival in diabetic patients with CLI undergone peripheral endovascular revascularization. Furthermore, it had no influence on minor amputation rate.

## REFERENCES

1. Manzi M, et al. Clinical results of below-the-knee intervention using pedal-plantar loop technique for the revascularization of foot arteries. J Cardiovasc Surg 2009; 50:331-337.
2. Rashid H, et al. The impact of arterial pedal arch quality and angiosome revascularization on foot tissue loss healing and infrapopliteal bypass outcome. J Vasc Surg 2013; 57:1219-1226.