

Clinical outcome of angiographic and physiological assessment after endovascular therapy for common femoral artery.

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Background

It is thought that angiographic evaluation of endovascular therapy (EVT) for common femoral artery (CFA) is difficult because of anatomical characteristics or calcified lesion. Therefore, the long term efficacy remains poorly understood. So, the aim of this study was to assess the clinical outcomes of EVT for CFA angiographically and physiologically.

Methods

This study was performed as multicenter prospective observational registry. Between July 2011 and December 2013, Consecutive 81 patients who received EVT for denovo CFA disease were enrolled. Angiographic analysis were performed independently by experienced analysts who were unaware of the physiological findings or the baseline characteristics. As the physiological assessment, ankle brachial index (ABI) and patient's symptom before and after procedure were recorded.

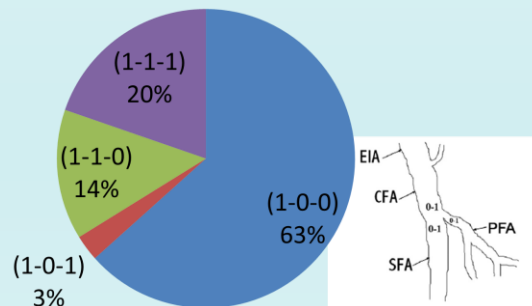
Angiographic Success:
 Residual stenosis <30%
 (by Core Lab analysis)

Clinical success:
 Post ABI >0.85 and Symptom free

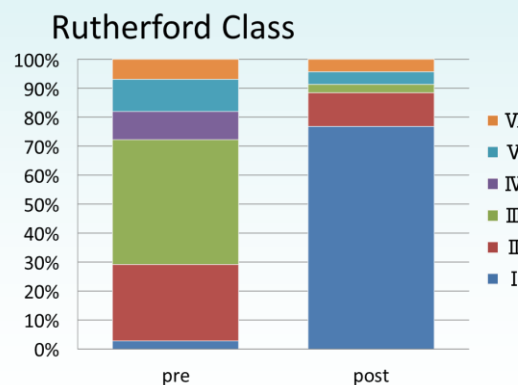
Results

Table 1.
 Baseline Patients and lesion characteristics

	N=81 (%)
Age	72.1±9.0
Male	57 (70)
DM	35 (43)
HT	70 (86)
Dialysis	24 (30)
R/L	42%/58%
CLI	25 (31)
Pre ABI	0.62
CTO	18 (22)
Calc	31 (38)

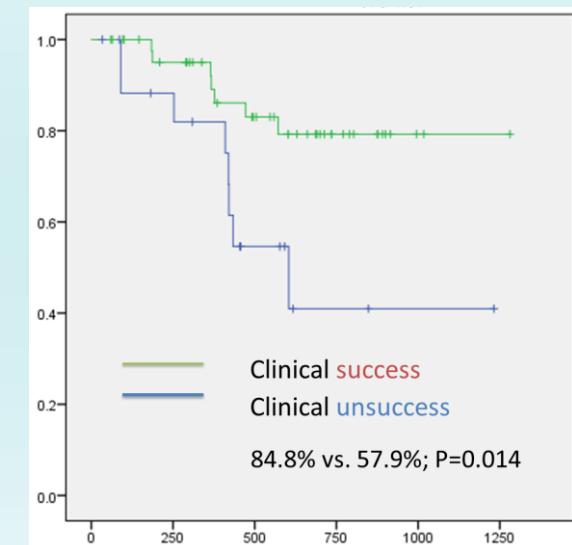
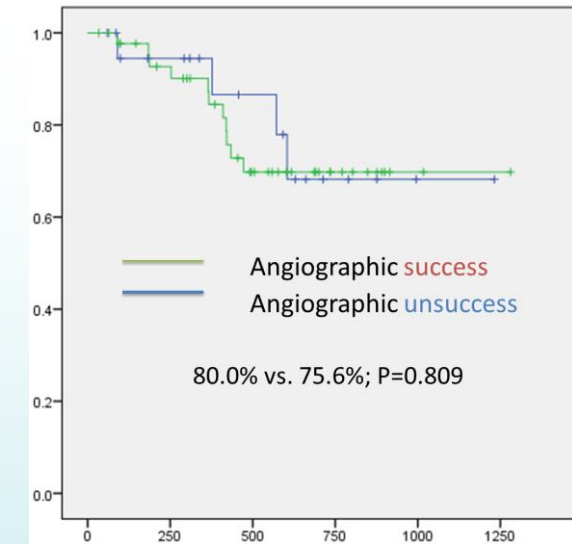
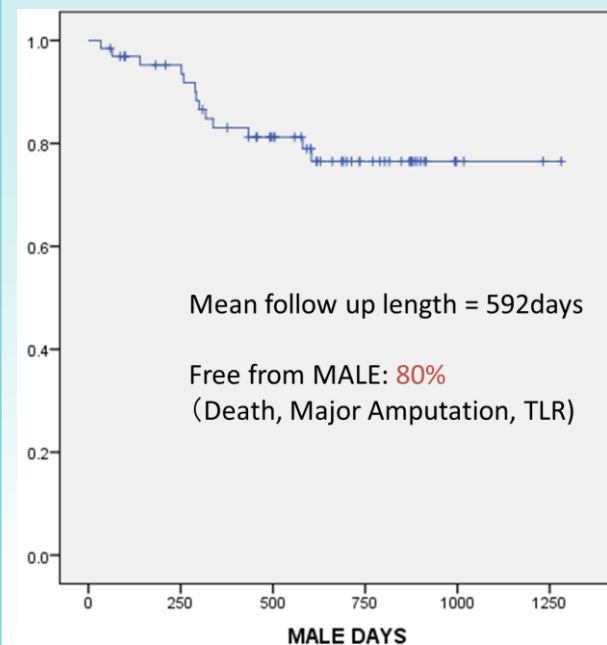


ABI 0.62→0.84



	Angio Success (n=59)	Unsuccess (n=22)	P value
Pre ABI	0.63±0.18	0.58±0.13	0.30
CLI	20 (34%)	5 (24%)	0.58
CTO	9 (15%)	6 (27%)	0.76
1-0-0	32 (54%)	13 (59%)	0.27
Severe calc	32 (54%)	22 (100%)	0.001
Balloon size	6.4±1.1mm	6.2±1.1	0.49
Post ABI	0.85±0.20	0.81±0.21	0.43

	Clinical success (n=57)	Unsuccess (n=23)	P value
Pre ABI	0.64±0.18	0.58±0.14	0.27
CLI	16 (28%)	9 (41%)	0.27
CTO	11 (19%)	4 (17%)	1.00
1-0-0	34 (60%)	11 (48%)	0.38
Severe calc	37 (75%)	17 (74%)	0.60
Balloon size	6.5±1.0mm	5.9±1.1mm	0.02
Angio success	43 (74%)	15 (65%)	0.41



Conclusion

In EVT for CFA, for the improvement of the symptom and the maintenance, physiological assessment after EVT is important more than angiographic residual stenosis.