

# The Leipzig experience of percutaneous procedures for Leriche syndrome

Madeleine Luther

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# Disclosure

Speaker name: Madeleine Luther

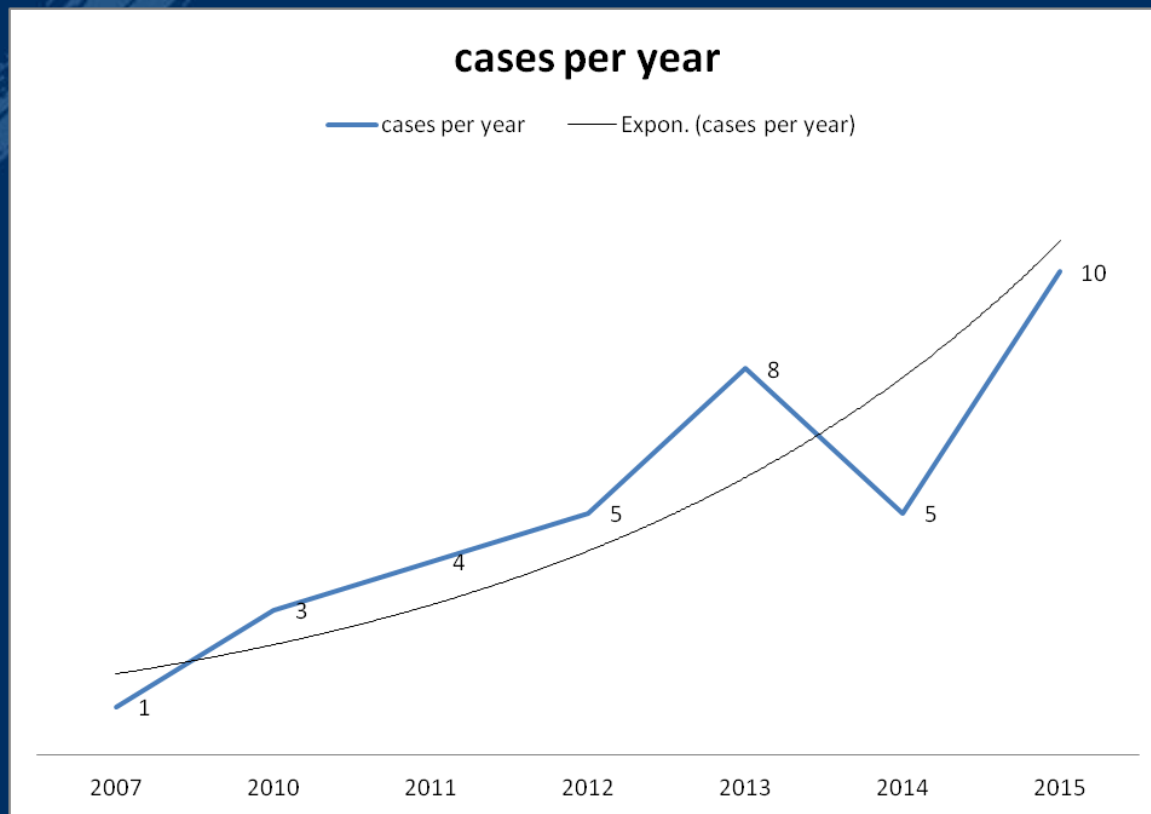
I do not have any potential conflict of interest.

# Study design

- Retrospective cohort study of patients with Leriche syndrome undergoing endovascular reconstruction of the aortoiliac system using covered stents
- Clinical follow up:
  - Technical success
  - Clinical success
  - Rate of death
  - Primary Patency

# Study design

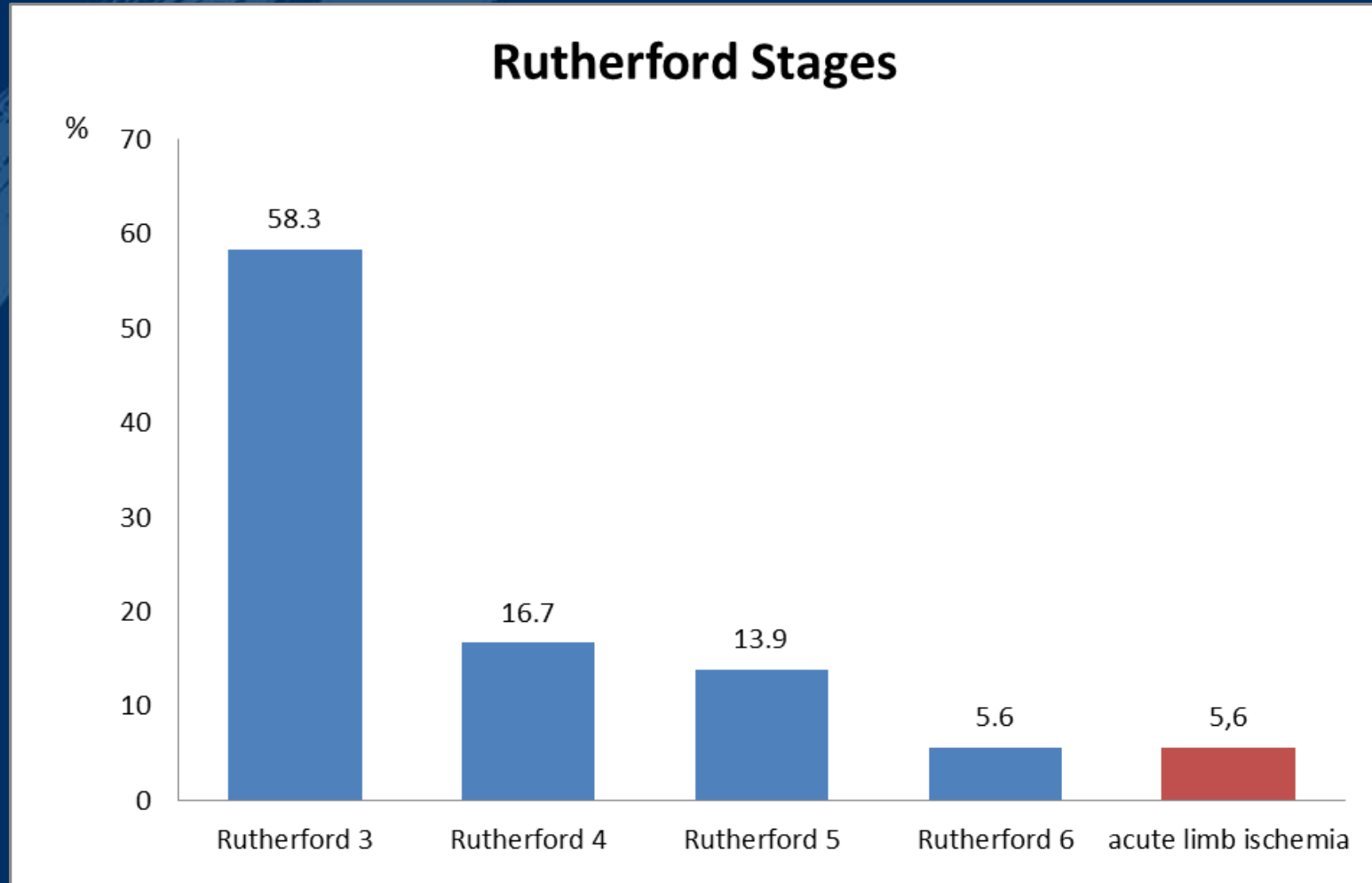
- 12/2007 – 12/2015
- 36 patients treated, 1 lost to follow-up (2.8%)
- Mean follow-up time: 31.7 months (range 1-96 months)



# Baseline patient characteristics

	<b>N = 36</b>
<b>Age (years), mean</b>	59.2 (range 31-89)
<b>Female, %</b>	44.4
<b>Arterial Hypertension, %</b>	72.2
<b>Hyperlipidemia, %</b>	44.4
<b>Diabetes, %</b>	19.4
<b>Current/former smoking, %</b>	69.4
<b>Coronary heart disease, %</b>	30.6
<b>Renal insufficiency, %</b>	27.8
<b>Cerebrovascular disease, %</b>	8.3

# Baseline patient characteristics



# Case example

- Male
- 51 years old
- Chronic occlusion of:
  - Infrarenal aorta
  - External/internal iliac arteries
  - Left femoral artery
- Rutherford 3
- Multiple prior surgical and endovascular interventions elsewhere

# Case example

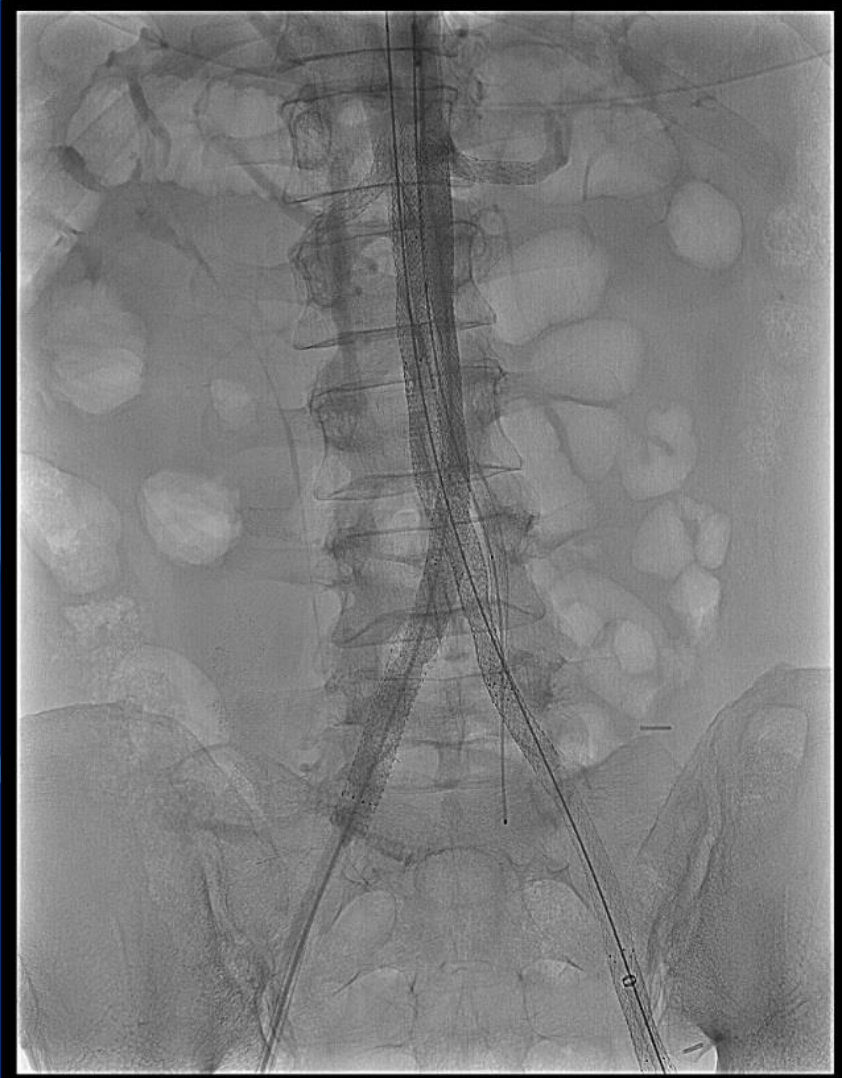




# Case example



# Case example



# Peri-interventional Complications

- 8/36 (22.2%)
- Access site complications 5
  - Local bleeding/ retroperitoneal hematoma requiring transfusion 4
  - AV fistula 1  
(not requiring intervention)
- Cardiac decompensation 2  
(resolved with diuretics)
- Renal deterioration 1  
(treated without further complications)

# Follow-up - Death

- 10/36 (27.8%)
- 30 day mortality 5/36 (13.9%) mean 10.8d
  - In hospital 3/36 (8.3%)
    - 1) Sepsis; Rutherford 6
    - 2) MOF; acute Leriche syndrome in the context of acute MI
    - 3) MOF; reperfusion syndrome
  - After discharge 2/36 (5.6%)
- >30 day mortality 5/36 (13.9%) mean 23.8m
  - Cardiac decompensation 3
  - Dementia 1
  - Cancer 1

# Follow-up – Patency rate

- Primary technical success 100%
- Rate of re-occlusion 5/36 (13.9%)  
after 5.5m
- Primary patency
  - After 6 months 87.5% (21/24)
  - After 12 months 82.4% (14/17)
  - After 24 months 72.7% (8/11)
- Clinical improvement 26/31 (83.9%)

# Conclusions

## Pros

- Minimal invasive
- Shorter length of stay in hospital
- Good short- and mid-term results
- **Lower peri-interventional morbidity and mortality**

## Cons

- **Long-term patency?**

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