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Below the Knee Intervention in 1.000 Consecutive Patients

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Below the Knee Intervention

- Successful revascularization reduces the major amputation rate in diabetic patients presenting with critical limb ischemia (CLI).
- The aim of this study was to evaluate the effectiveness and limits of PTA as first-choice revascularization in a consecutive population of patients with CLI.



Study protocol

1°

INFECTION TREATMENT

**ULCER DEBRIDEMENT &
URGENT SURGERY
(GANGRENE/ABSCESS/
PHLEGMON)**

**METABOLIC &
CARDIOLOGIC
TREATMENT**

PRE-MEDICATIONS

2°

REVASCULARIZATION

**“ONE STEP”
ANGIO & PTA**

PTA not feasible?



BY-PASS

3°

FINAL TREATMENT

- **MEDICAL**
- **SURGICAL**
- **ORTHOPEDIC**
- **REHABILITATION**







Study Population: *1124 patients*

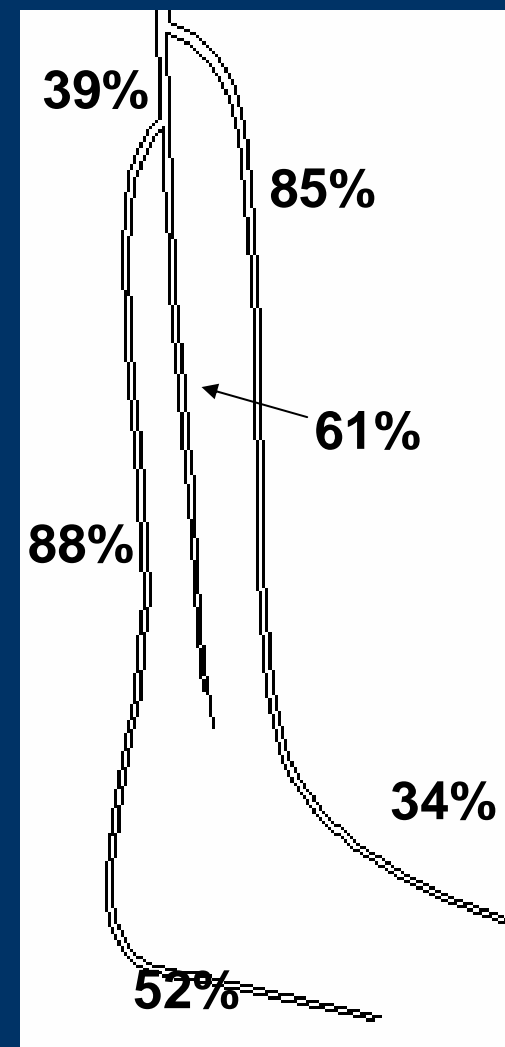
(Jan. 2002 – Dec. 2005)

- Diabetic patients
- Foot lesions: ulcer/necrosis/gangrene
- Absence of pedal pulses
- $TcPO_2 < 40$ mmHg



Disease localization & diffusion

Patients n°		1124
TPT		39 %
1 vessel		10 %
2 vessel		20 %
3 vessel		65 %



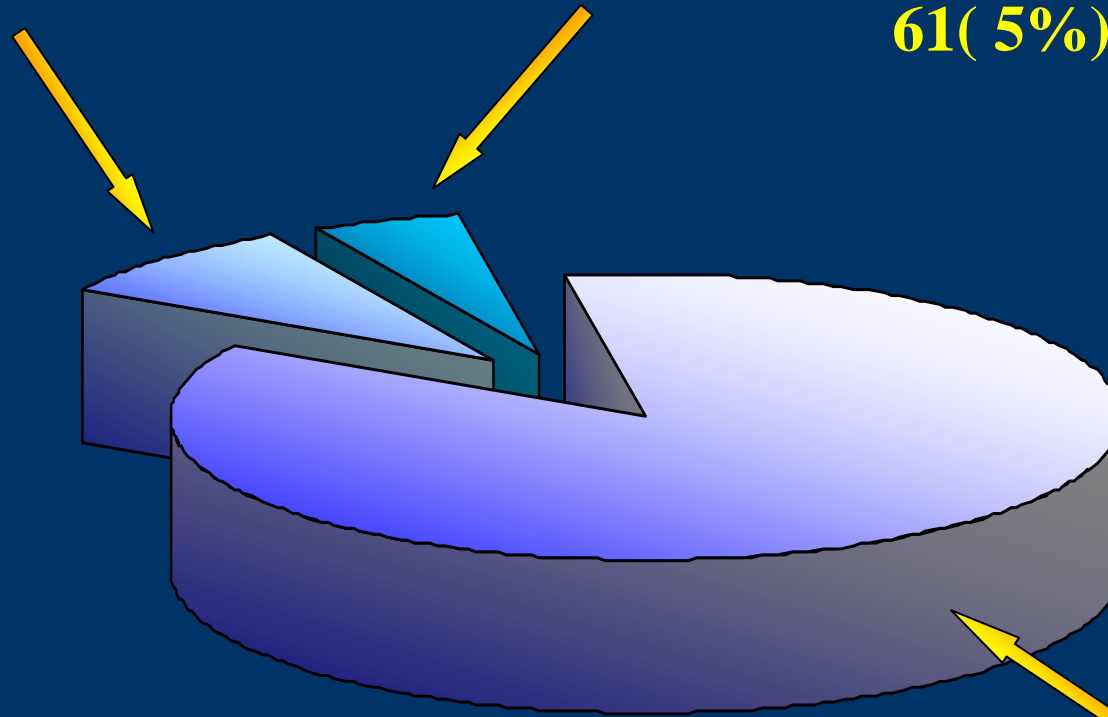


Therapeutic Indications

BYPASS 96 (9%)

MEDICAL THERAPY

61 (5%)



ANGIOPLASTY

967 (86%)

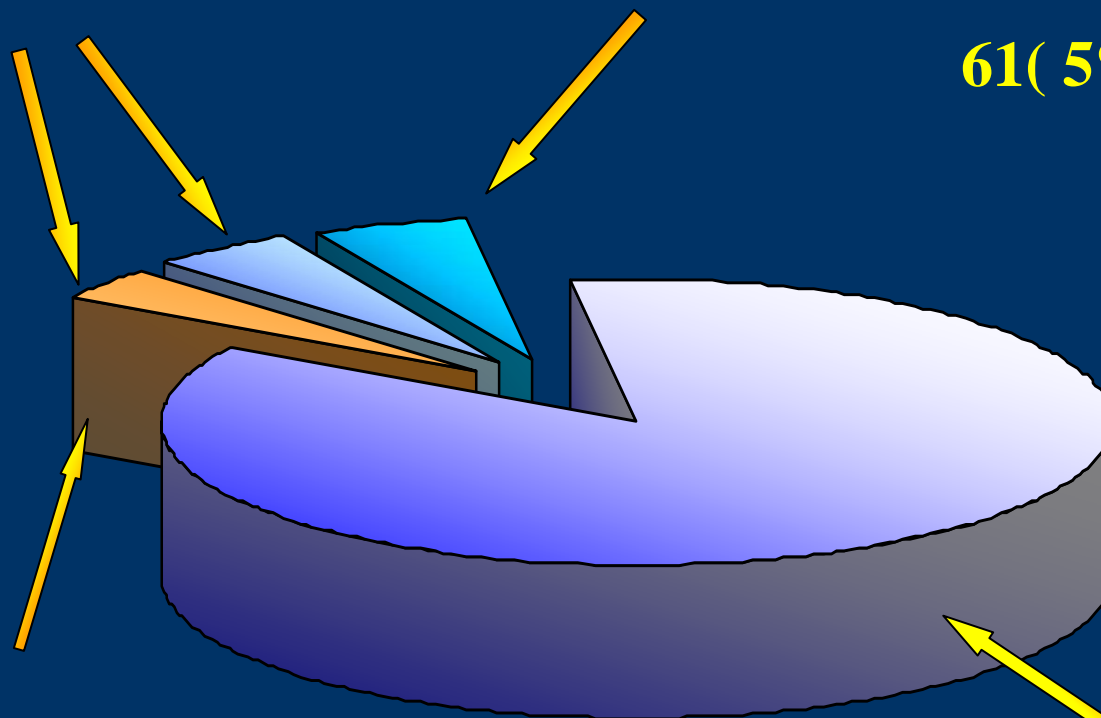


Therapeutic Indications

BYPASS 96 (9%)

MEDICAL THERAPY

61 (5%)



PTA POST BYPASS 46 (4%)

PTA 967 (86%)

ANGIOPLASTY 1013 (90%)



Below the Knee Intervention

Clinical Characteristics (n=1013)

Age (years)	70±9	
Males	670	(66%)
Diabetes therapy		
- Insulin	625	(62%)
- Oral agents	334	(33%)
- Diet only	54	(5%)
Diabetes duration (years)	16±11	
CAD	741	(73%)
Retinopathy	432	(42%)
Creatinine >110 mg/dl	547	(54%)
Dialysis	64	(6%)



PTA definitions

- PTA was considered successful when direct flow was obtained in the treated vessel (down to the foot), with no significant residual stenosis
- Any event that required specific medical or surgical treatment or prolonged hospital stay following PTA was considered a complication
- Clinical restenosis was defined as the reappearance of skin lesions and pain



Vascular Approach

Controlateral approach 141 (14%)

Antegrade approach 872 (86%)

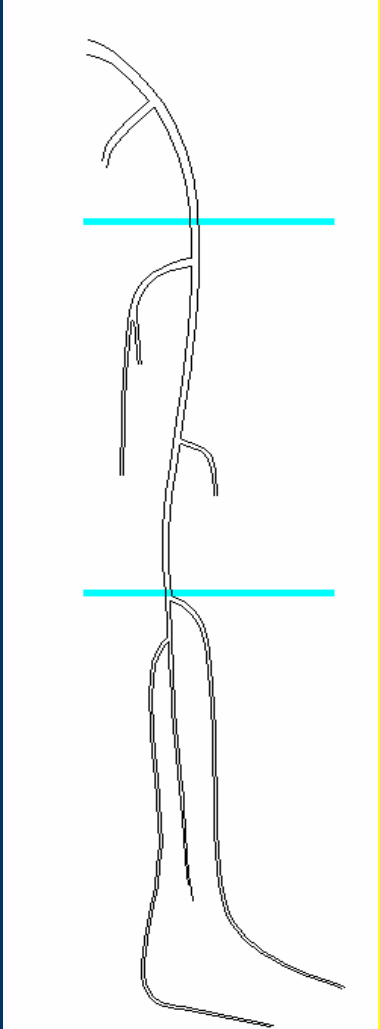


Antegrade femoral puncture

SFA selective injection	<ul style="list-style-type: none">• high quality imaging• less contrast dye (85 mL/procedure)
Best endovascular device control	<ul style="list-style-type: none">• treatment of CTO• subintimal angioplasty
4 French introducer sheath	<ul style="list-style-type: none">• no closure device• less complications



Lesion Length

	n°	Mean length
	91	33 ± 28 mm
	782	80 ± 63 mm
	1292	109 ± 86 mm



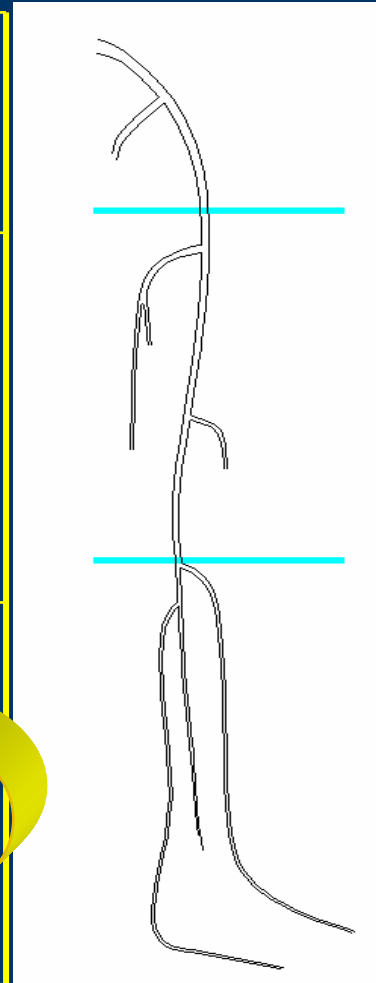
Chronic Total Occlusion

14/91	15 %	
295/782	38 %	
478/1292	37 %	



CTO: *Subintimal approach*

0/91	0 %
49/782	6 %
86/1292	7 %





CTO: *Subintimal approach*





CTO: *Subintimal approach*





CTO: *Subintimal approach*





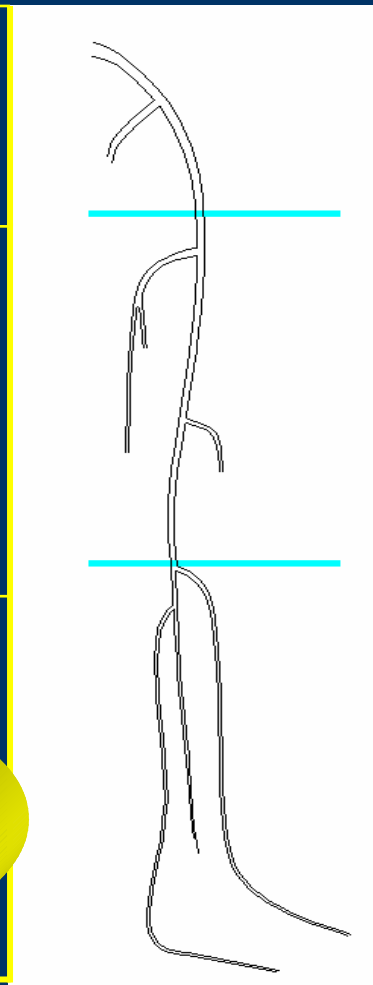
CTO: *Subintimal approach*





Stenting

73/91	80 %
245/782	31 %
65/1292	5 %



55% Coronary stent

45% Self-expanding stent

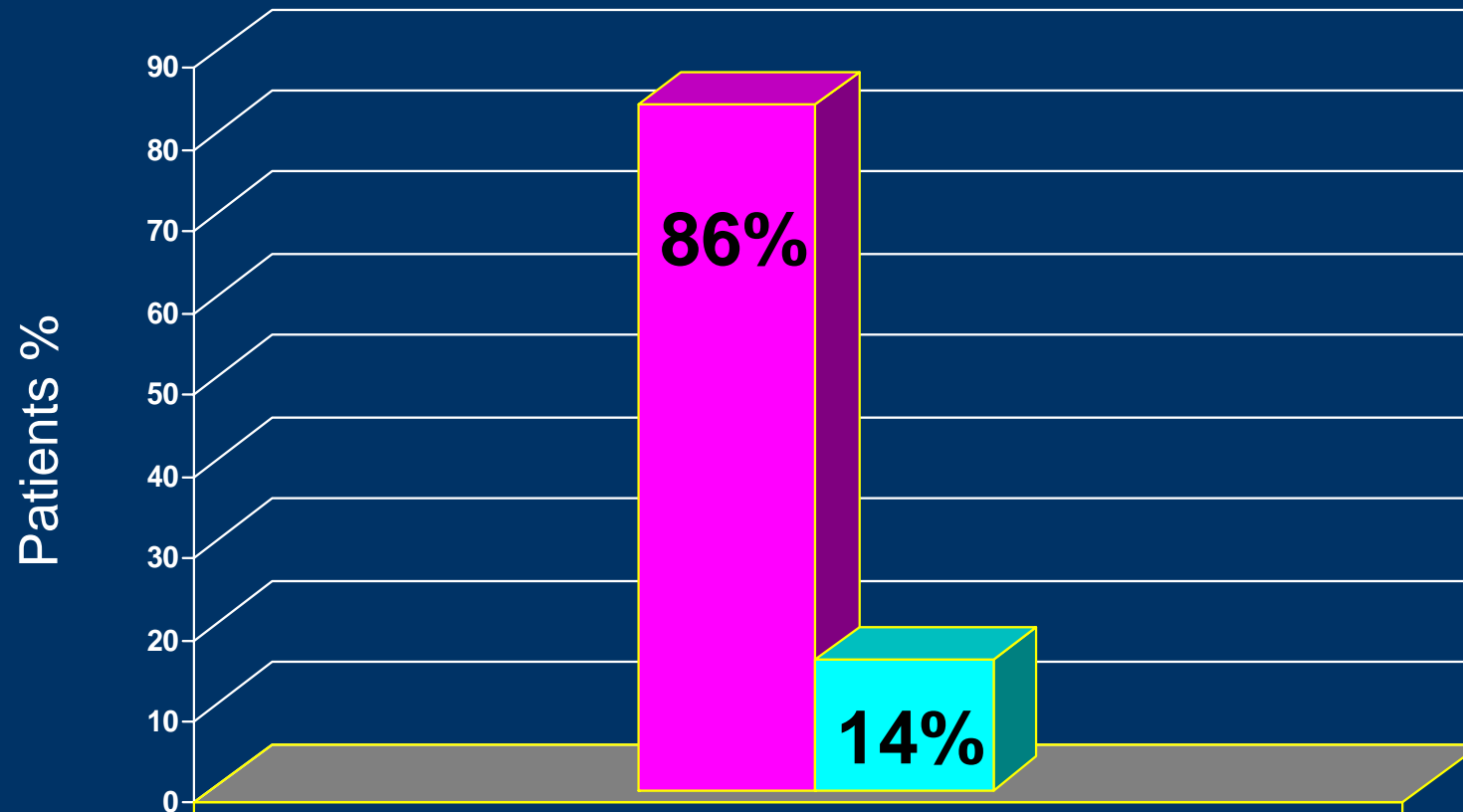
Stented segment length 38 mm



PTA below the Knee: *Angiographic Results*

1.47 lesion/patients

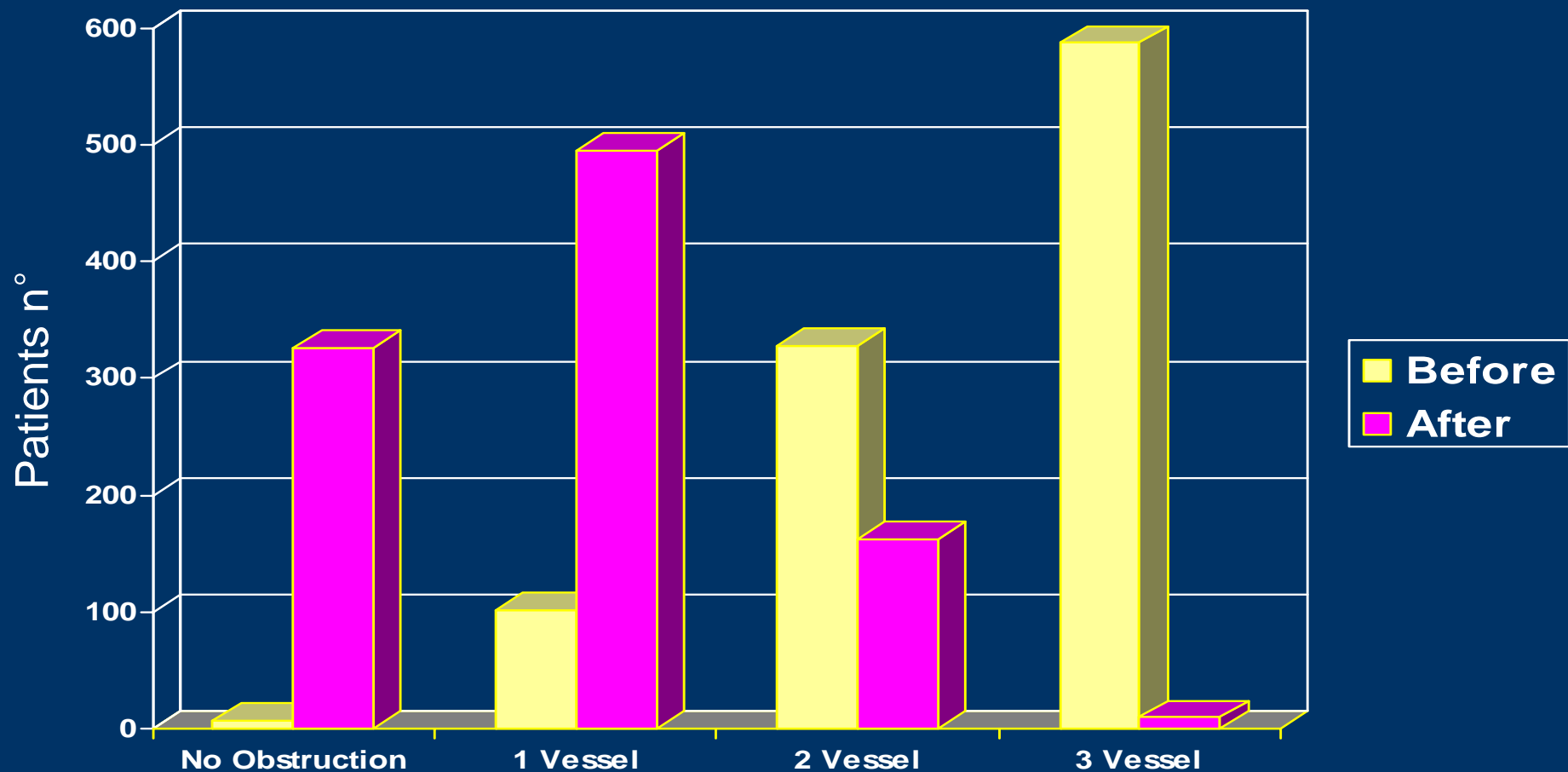
■ Successful PTA ■ Unsuccessful PTA





PTA below the Knee: *Angiographic Results*

N° of patients with obstructions in the infrapopliteal arteries before and after PTA (N=1013)

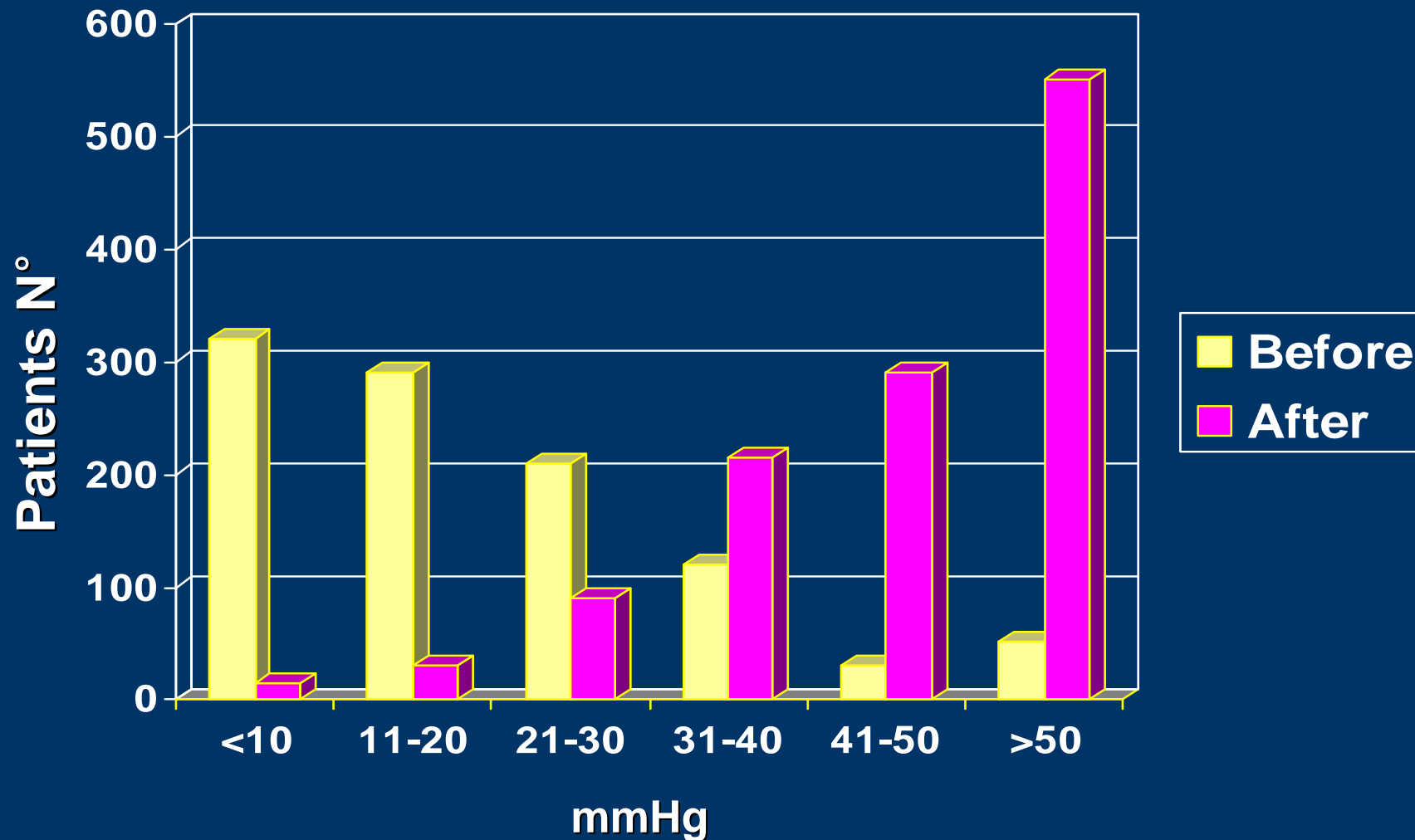




TcPO₂ values distribution before and after PTA

PRE= 23 ± 14 mmHg

POST= 46 ± 15 mmHg





In-Hospital Complications (n 1013)

Cardiac death	3
Myocardial Infarction	2
Angina	1
LV failure	2
Acute Renal failure	1
Access site complications	18
Distal embolization	2
Total	29 (2.8%)



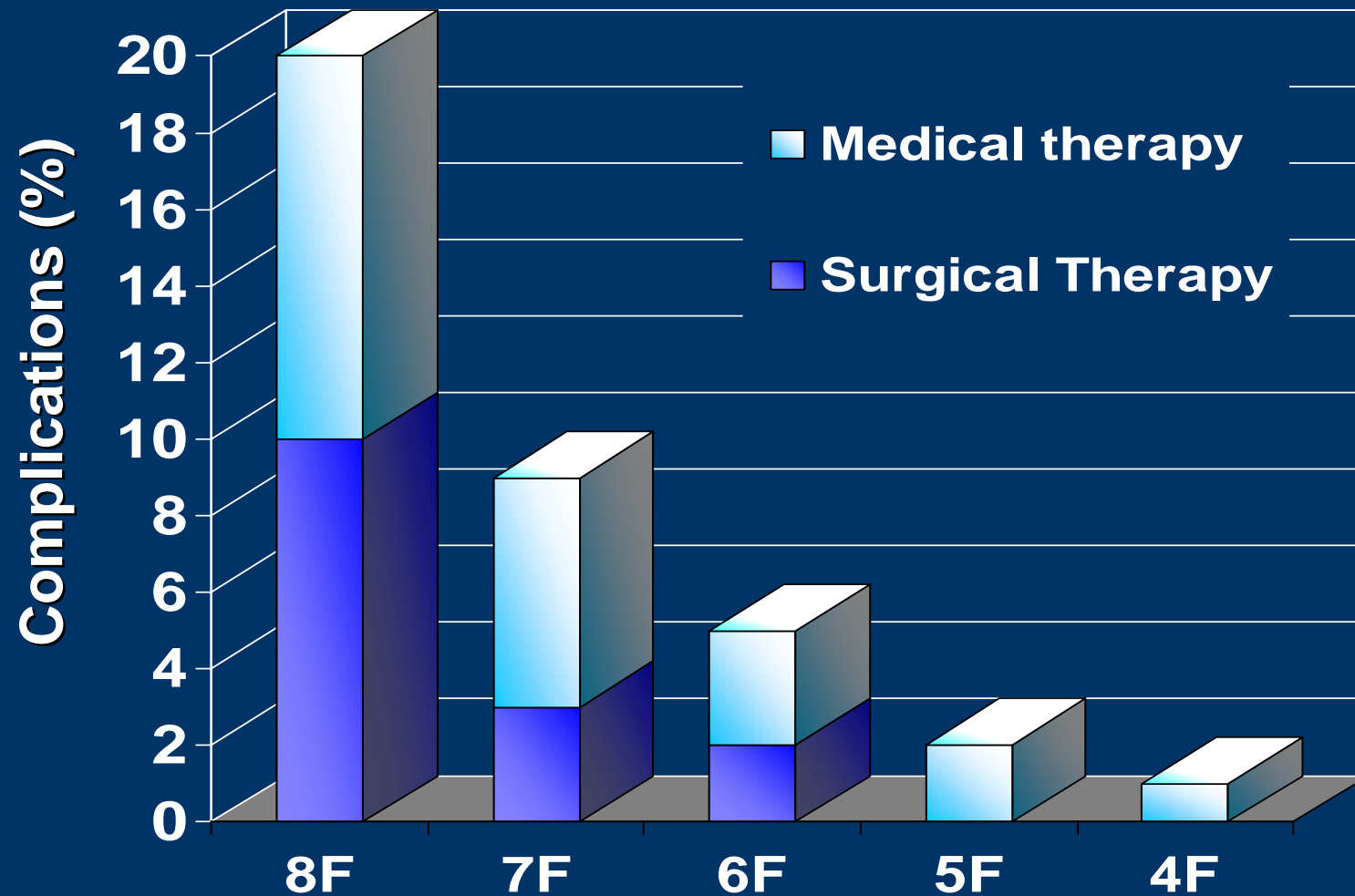
Site Access Complications

Therapy:	Medical	Surgical
Groin hematoma	10	2
Retroperitoneal hematoma	4	1
Acute femoral thrombosis	-	1
Total (1013 Pts)	14	4
	2 %	

All complications are antegrade femoral approach related



Complications and sheath dimensions



P<0.05



Clinical restenosis (FU 12 ± 9 Mo)

Clinical restenosis 121 patients (12%)

- Repeat PTA 88 patients
- Bypass 8 patients
- Medical therapy 25 patients

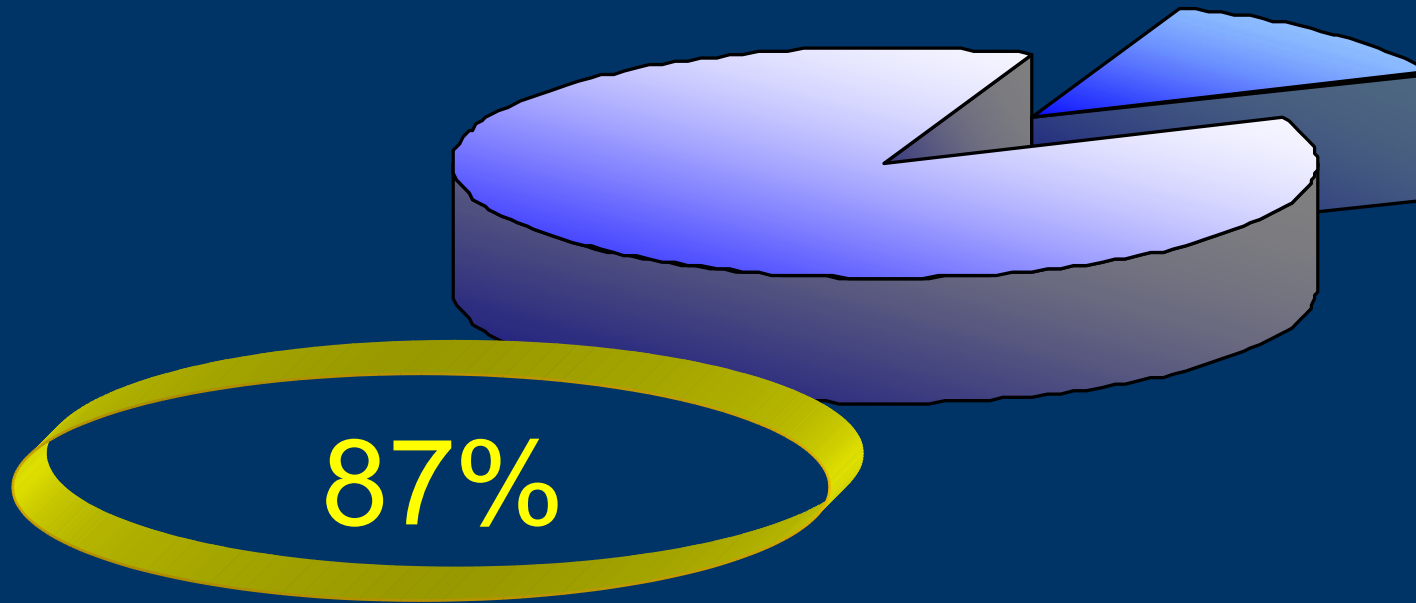


Limb Salvage (FU 12 ± 9 Mo)

Salvage of a foot suitable for prosthesis

Amputated 135/1044

13%



Saved 909/1044



Below the Knee Intervention

Conclusions

- PTA should be considered the first-choice for revascularization in diabetic ischemic foot.
- PTA is feasible in most patients (90%), complications are infrequent and mortality is very low.
- Clinical restenosis was an infrequent finding and the procedure could be successfully repeated in most cases.