

WCC2016-122: CLINICAL ANGIOGRAPHIC PROFILE ,IMMEDIATE OUTCOMES AND 6 MONTHS FOLLOW UP OF PHERIPHERAL ARTERIAL INTERVENTIONS

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INTRODUCTION: The term critical limb ischemia (CLI) refers to the condition characterized by chronic ischemic rest pain, ulcerations, or gangrene in one or both legs, attributable to clinically proven peripheral arterial disease (PAD). It is estimated that 10 million Indians are affected by peripheral arterial disease but only 45,000 amputations per year in India. This is a gross underestimation of the amputation rate. This is likely due to under-reported amputation rates, especially in the villages. India, unfortunately, has the highest incidence of diabetes in the world, with 32 million people, and this is predicted to increase to 80 million by 2030. Diabetes is one of the strongest risk factors for PAD and amputation. To decrease morbidity & mortality associated with amputation ,endovascular therapy should validated . There are very few studies on peripheral arterial interventions on higher TASC lesions , successful revascularization & follow up data on Indian population.

AIM OF THE STUDY: To study the clinical, angiographic profile, immediate and 6 month outcome of peripheral vascular interventions in a tertiary centre.

MATERIAL AND METHODS: This is an observational study which included 40 consecutive patients who presented to NIMS, hyderabad with peripheral vascular disease. patients demographic parameters

(like age, sex, height), risk factors (like smoking, diabetes, hypertension, alcohol), associated diseases like coronary arterial disease, CVA ,clinical profile like presenting symptom, severity of disease were evaluated at entry into the study. angiographic profile based on TASC classification was studied .management was planned based on TASC classification. route of access, procedural time ,fluoroscopic time ,contrast volume, length of the stent, immediate post procedural success and 6 month follow up data was assessed for each subject. Follow-up was done with symptomatic review, standard physical examination ankle-brachial index (ABI) measurement, segmental Doppler pressure (SDP) testing, duplex arterial ultrasound and peripheral angiograms in symptomatic patients.

RESULTS:

out of 40 patients, 6 (15%) were females and 34 (85%) were males (fig .no:1). Mean age of the study participants is 56⁺² years. 20(50%) were hypertensives and 22(55%) were diabetics. 29(72.5%) out of 40 patients were smokers. 14(35%) were alcoholics. 5(12.5) patients had past history of CVA, 1(2.5%) had CKD, 9(22.5%) had CAD. 1(2.5%) patient had acute limb ischemic while remaining had chronic peripheral arterial disease. Rest pain was the presenting complaint in 25(64.1%) subjects, ulcer in 17(43.58%) subjects, intermittent claudication was present in all the patients. brachial arterial access was done in 9(22.5%) patients, 15(37.5%) antegrade access, rest of the cases retrograde puncture(40%) both brachial & retrograde 6 (15%) patients. 16 (40%) were type A lesions, 16(40%) were type B, 7 (17.5%) were type C, 3(7.5%) were type D lesions (figno:2). immediate success. Complications like slow flow occurred in 2(5%) patients, dissection occurred in 3(7.5%) patients which was managed by deploying stents with good flow. thrombus occurred in 2(5%) cases which was managed conservatively. Renal failure(CIN) occurred in 1 (2.5%) patient recovered. Stent malposition while deployment occurred in 2(5%) patients. in follow up 2 patients had stent occlusion. 2 (5%) patients had ISR on follow up which were again revascularised by endovascular therapy(figno:3).

CONCLUSION:

Traditional risk factor incidence is high, morbidity is also high. Management of patient based on clear understanding of lesion characteristics has resulted good immediate(100%) and 6 month follow up (90%) (figno4) results in higher TASC classified lesions (65%) in this study. Those people < 160cm height we had used brachial approach, those > 160cm we had done antegrade puncture which made our procedure easy and increased chances of revascularization. In this study we had used self-expanding peripheral stents, while deploying stent we should be careful there is chance of stent malposition due to forward motion of stent (observed in 2 patients), so we have to maintain some traction while deploying stent. In retrograde approach, there are increased chances of dissections compared to antegrade. further follow up studies are needed to validate the results.