

# MEET 2008 – Session 5

## *Below the knee arteries & limb salvage*

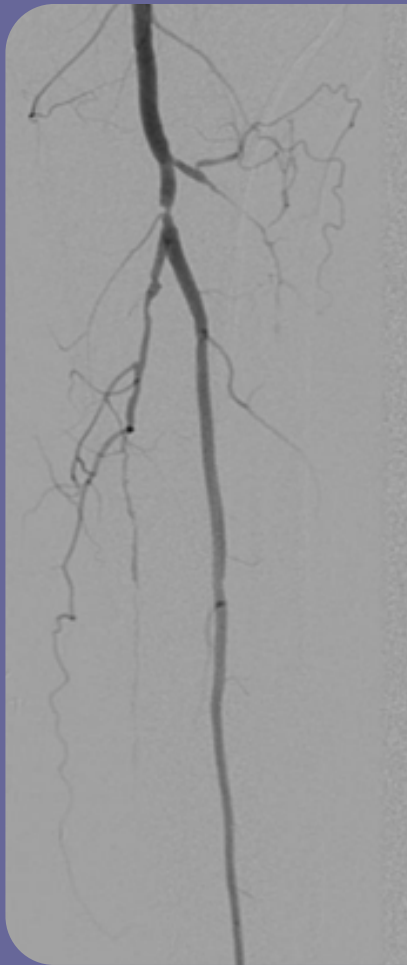
Drug eluting  
stents will solve  
the problem!  
Against

M. Bosiers

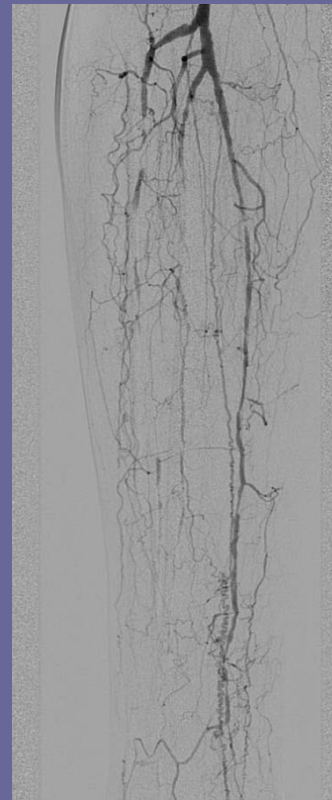
*K. Deloose*

*P. Peeters*

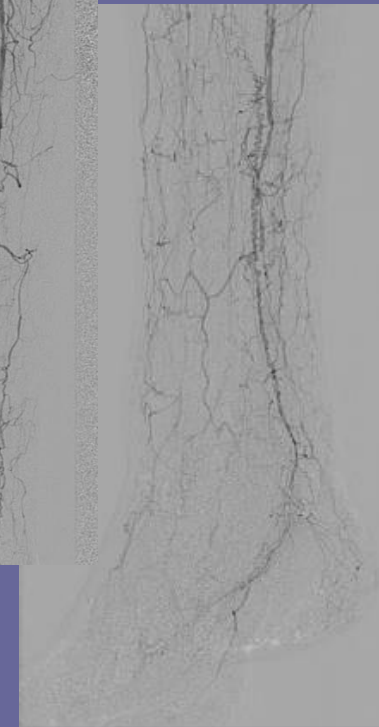
# CLI with BTK-pathology



Focal lesion  
**15%**

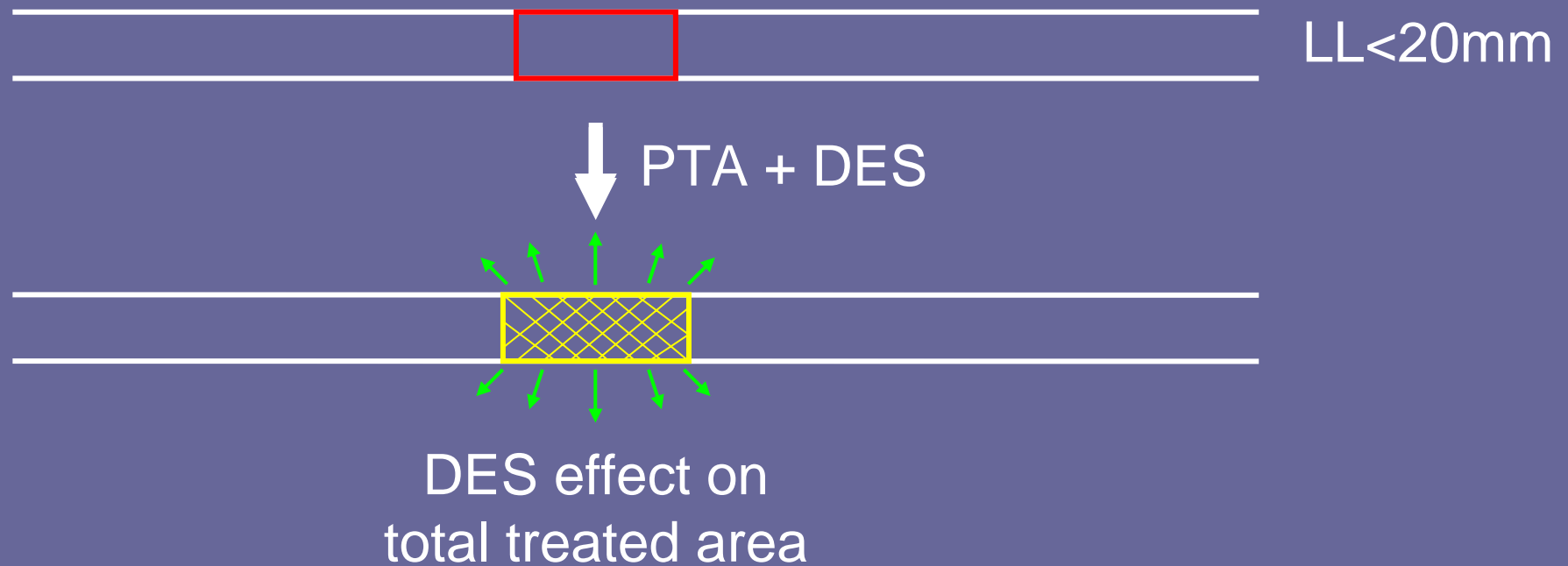


Diffuse lesions  
**85%**



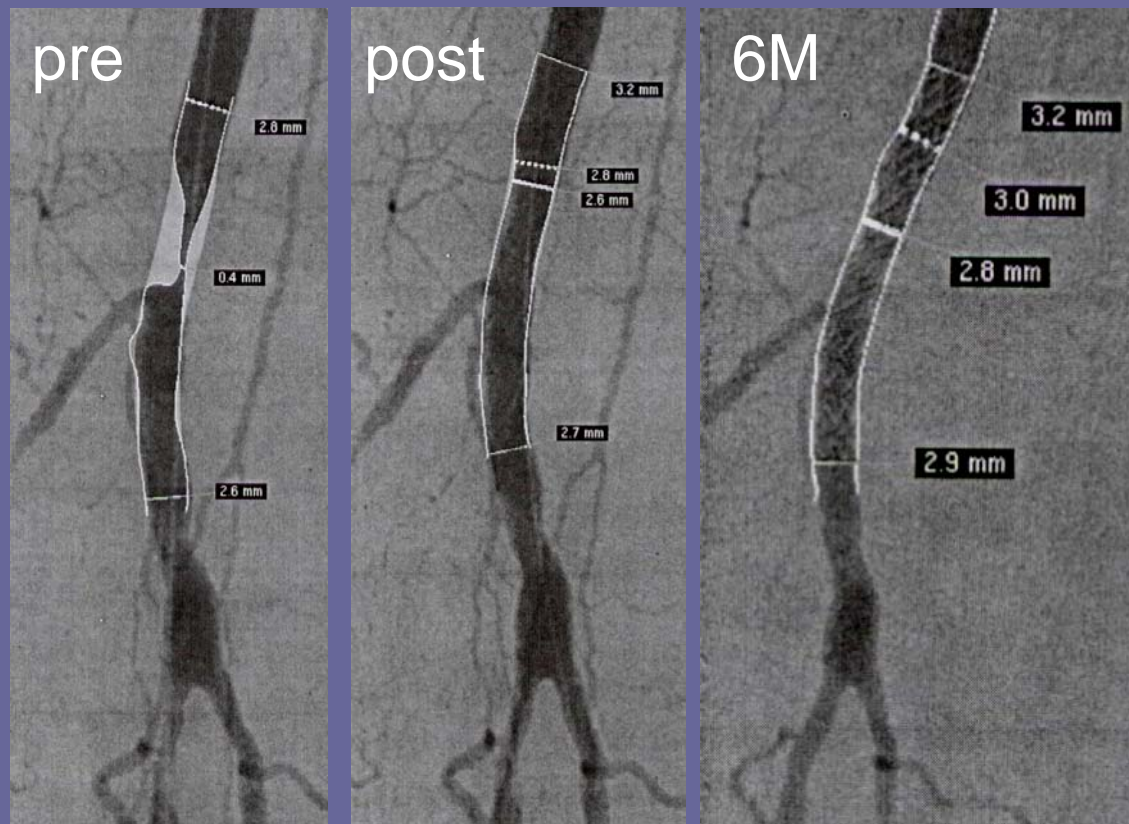
# 1/ Focal lesion

- Minority of cases

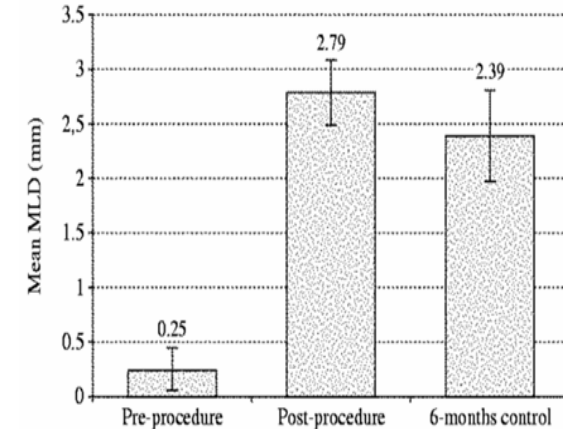


# 1/ Focal lesion

- QVA shows good patency with low late lumen loss



**LLS = 0.4mm**



**Evolution of MLD  
as measured by QVA**

# 1/ Focal lesion

- Stenting results : single center

	N	n	Stent type	PP %	LS %
Bosiers EuroIntervention 2007	50	62	<b>Non-eluting stents</b>	62.8 @12M	89.3 @12M
Siablis J Endovasc Ther 2007	29	65		40.5 @12M	100 @12M
Rand Cardiovasc Interv Radiol 2006	24	42		83.7 @ 6M	95.0 @ 6M

**Sirolimus eluting stents might be beneficial**

**Paclitaxel eluting stents might be hazardous**

# 1/ Focal lesion

## ONGOING RANDOMIZED CONTROLLED TRIAL

- BMS (Vision) vs DES (XIENCE V) – **DESTINY**
  - 140 patients (70 Vision – 70 Xience V)
  - 5 European sites (Bosiers, Peeters, Scheinert, Zeller, Commeau)
  - 1° Endpoint = Angiographic patency (In-stent binary restenosis >50%)
  - First inclusion March '07

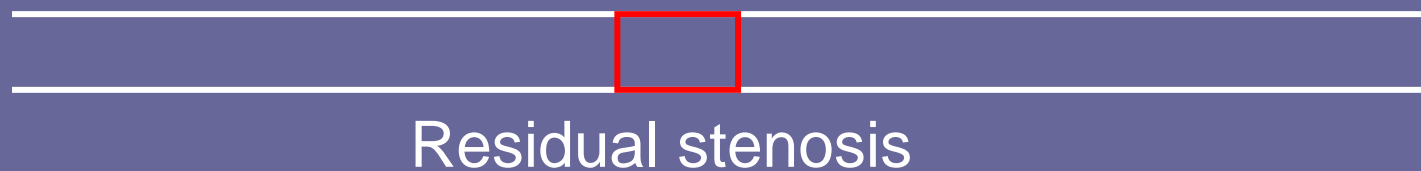
DESTINY-trial can confirm  
whether DES for **focal** intrapopliteal lesions  
really improves patency!!!

## 2/ Long diffuse lesions

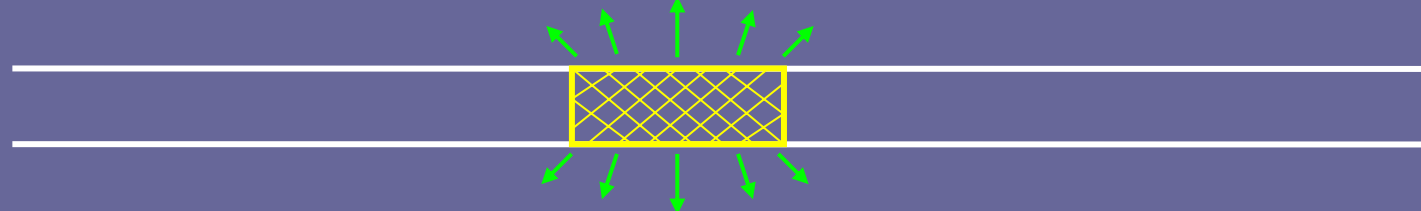
- Majority of cases = daily practice



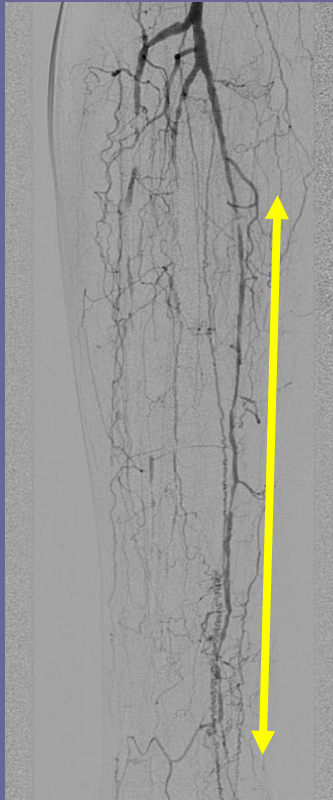
↓ PTA with long low-pressure balloon



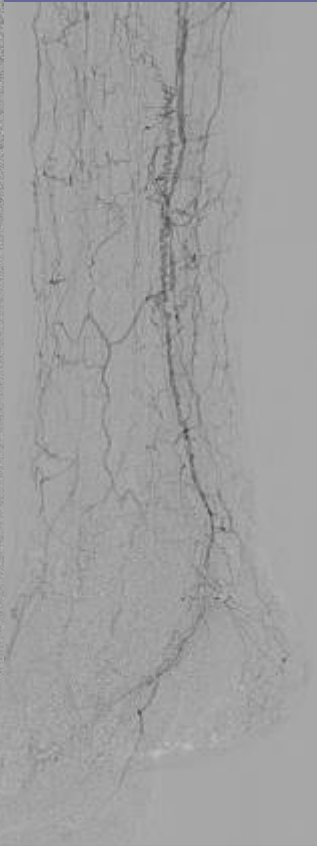
↓ Focal stenting with DES



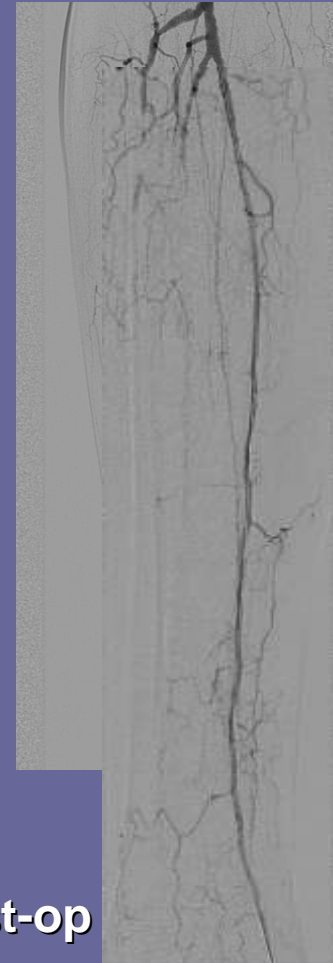
## 2/ Long diffuse lesions



Pre-op



PTA with  
long low-  
pressure  
balloons  
followed by  
focal  
stenting

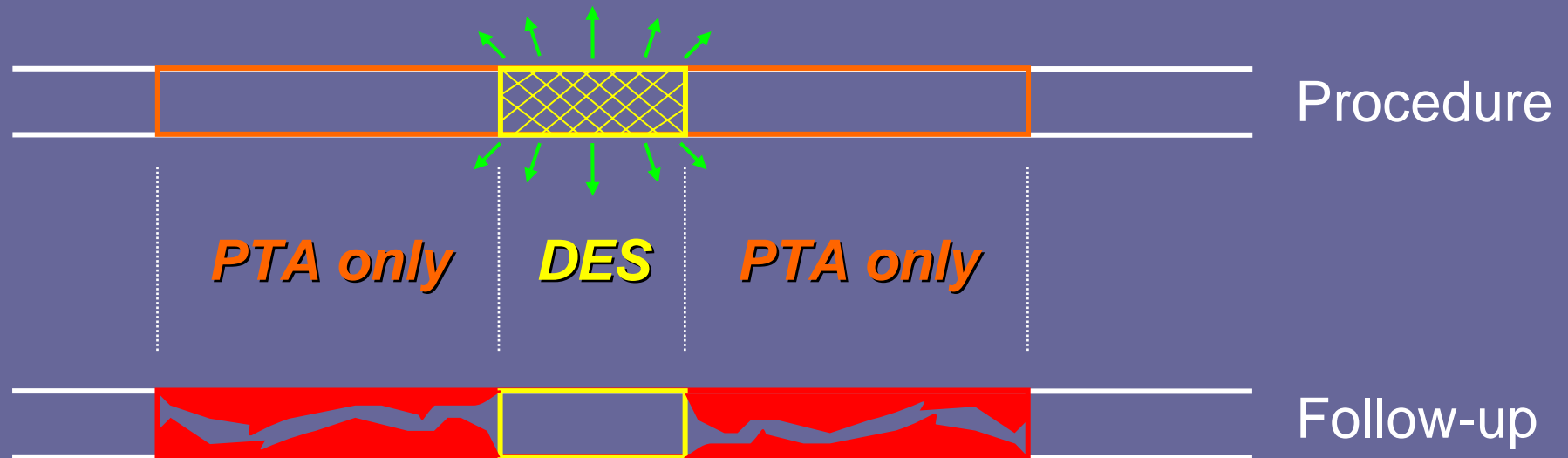


Post-op



## 2/ Long diffuse lesions

- The problem of DES in long diffused lesions



- Long term **vessel patency** is limited by patency rate of segment treated with PTA only

## 2/ Long diffuse lesions

- Coronary DES trials showed
  - Inadequate lesion coverage may contribute to edge stenosis
  - Increased risk for restenosis if **full index lesion** is not completely **covered** by DES

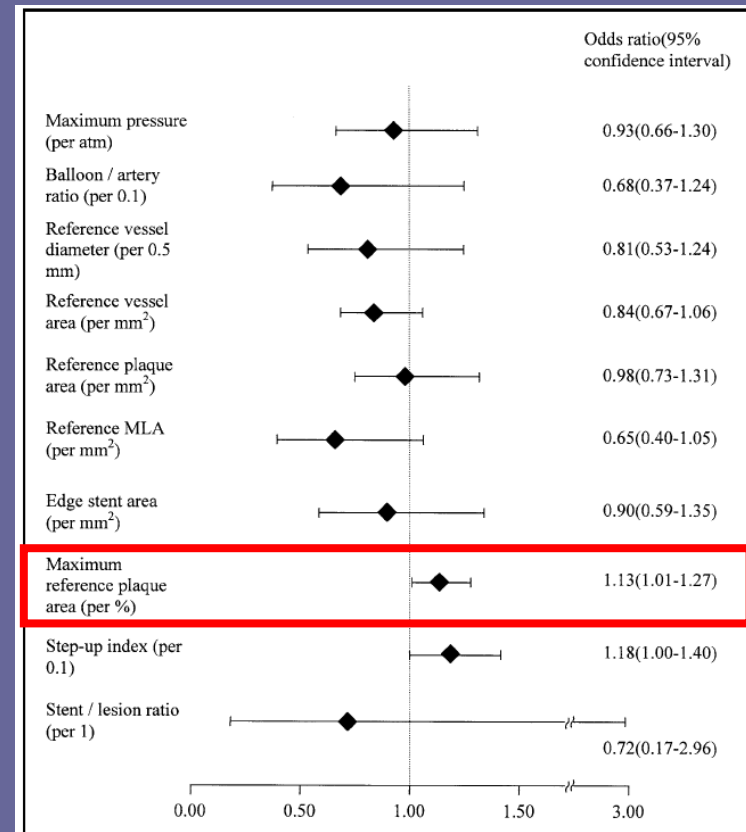
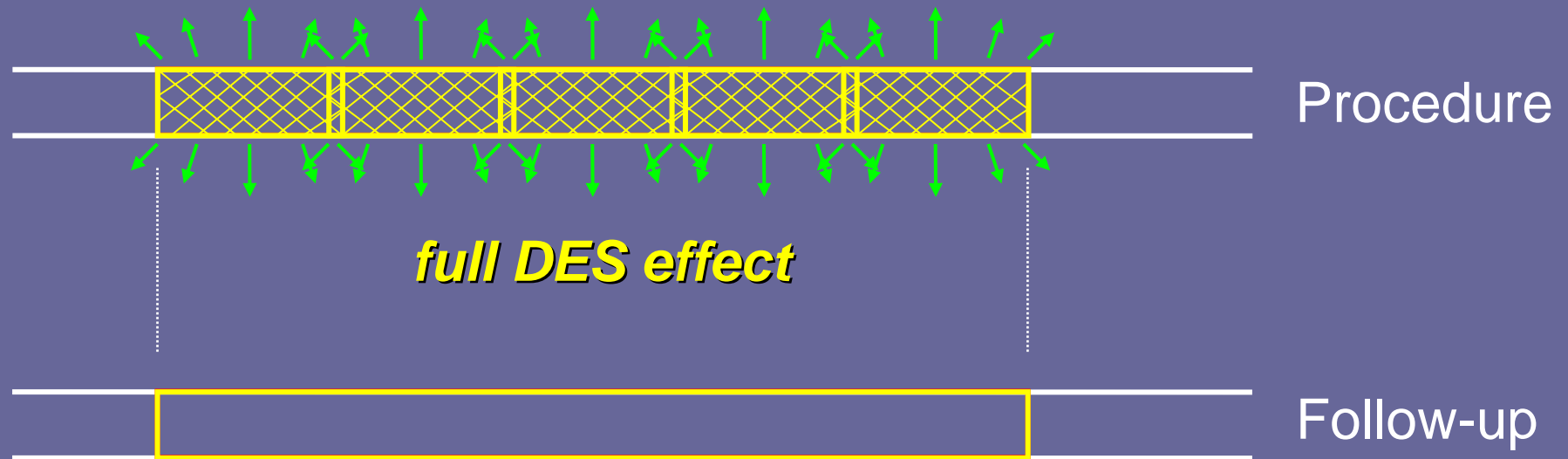


Figure 1. Odds ratios and 95% confidence intervals for edge stenosis in the SES cohort according to baseline procedural, angiographic, and IVUS parameters derived from the univariate logistic regression analysis. MLA = minimum lumen area.

## 2/ Long diffuse lesions

- DES only effective if full lesion coverage



**PRICE ISSUE =** does this excellent patency justify the increased treatment cost???

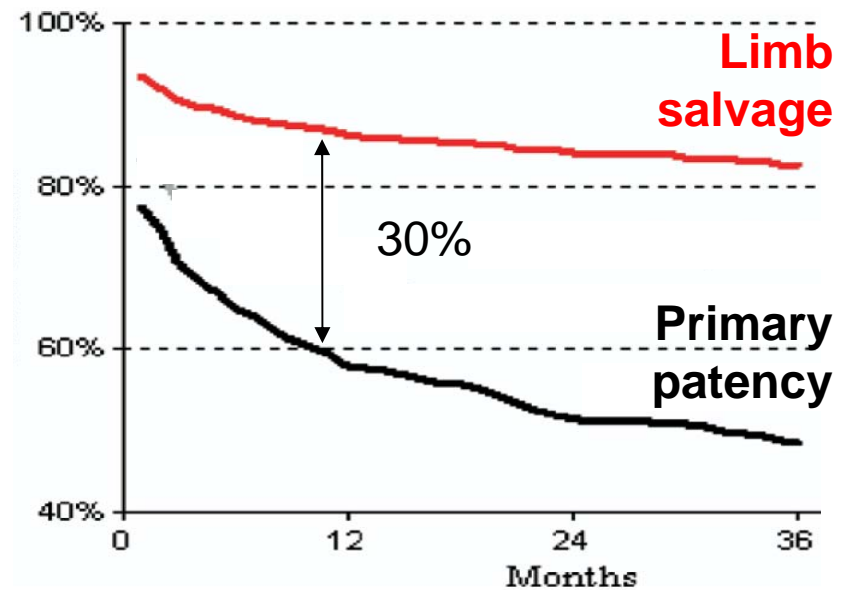
## 2/ Long diffuse lesions

Is DES cost-beneficial?

**NO!!!**

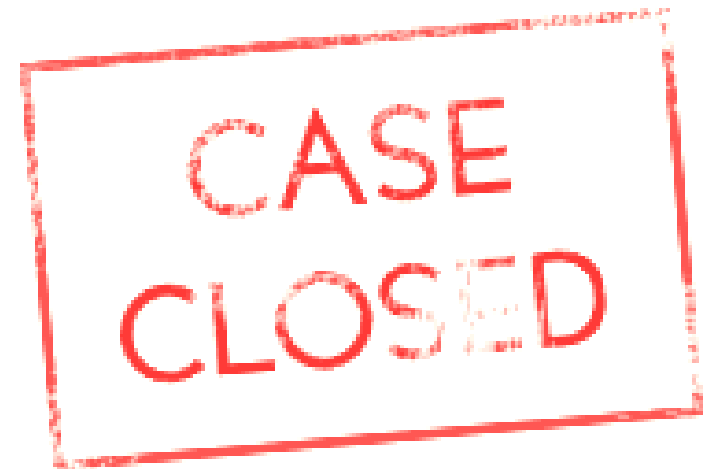


CLI treatment is all about saving the limb



# Conclusion

In the majority of cases,  
Drug eluting stents will  
**NOT** solve the problem



In long diffuse lesions,  
PTA + non-DES bail-out stenting  
gives good limb salvage

**→ NO ECONOMICAL BENEFIT TO USE DES**