

TACTICS OF COMPLEX TREATMENT ON AGRESSIVE ARTERIAL OCCLUSIONS IN PATIENTS WITH CRITICAL LIMB ICSHEMIA. A RETROSPECTIVE REVIEW OF SHORT AND MIDTERM OUTCOME

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Background

Atherosclerosis is the most common cause of chronic arterial occlusive disease of the lower extremities (fig 1). In the European Union these diseases represent approximately 40% of the deaths in both men and women [4]. Atherosclerosis is currently considered a chronic, progressive systemic disease of multifactorial aetiology [5] including arterial hypertension, hypercholesterolemia, diabetes mellitus and smoking as modifiable risk factors and age and sex as non modifiable factors [6]. With an age-adjusted prevalence of approximately 12%, PAD affects at least 8 to 12 million Americans. [1.2.3] The disease prevalence increases with age and 12% to 20% of Americans age 65 and older (4.5 to 7.6 million) have PAD. The prevalence in population of peripheral arterial disease was 7.6% (6.7-8.4), (males 10.2% (9.2-11.2), females 5.3% (4.6-6.0); $p < 0.001$).

Aim of study

The aim of study is to evaluate the results of combination of drug treatment and balloon angioplasty in cases of peripheral longer occlusions.

M aterials and methods

We observed 11 patients with occlusions of CIA, EIA, SFA and PA (CTO). Clinical class was III-IV Fontaine. The average age of the patients was 59. All of the patients were male. The cause of arterial occlusions in 9(81,8%) cases was atherosclerosis and in 2(18,2)% cases – aortoarteriitis .

In all cases diagnostic complex included clinico-laborator exams, duplex scan and CT-angio (Fig 2).

Comorbidities: Ischemic heart disease in 2 cases (18,2%), diabetes mellitus in 4 patients (36,4%) and arterial hypertension in 3 cases (27,3%).

Before revascularization all patients received drug complex (LMWH, sulodexide, antiplatelet therapy, metabolic therapy, NSAIDs and including glucocorticoids in patient with aortoarteriitis) and pronounced painful syndrome was relieved by continuous epidural analgesia.

PTA of CIA, EIA, femoral and popliteal arteries fig. (2-5) were made.

In 2 cases with ischemic heart disease simultaneously was performed coronarography with coronary stenting in 1 patient.

Results

We observed arterial pulse of peripheral arteries or improvement of blood flow in all cases **There is no amputation and increase quality of life during 1,2,3 and 12 months of follow-up .**

Conclusion

The combination of preoperative preparation and endovascular revascularization is adequate treatment of peripheral arterial longer occlusions.

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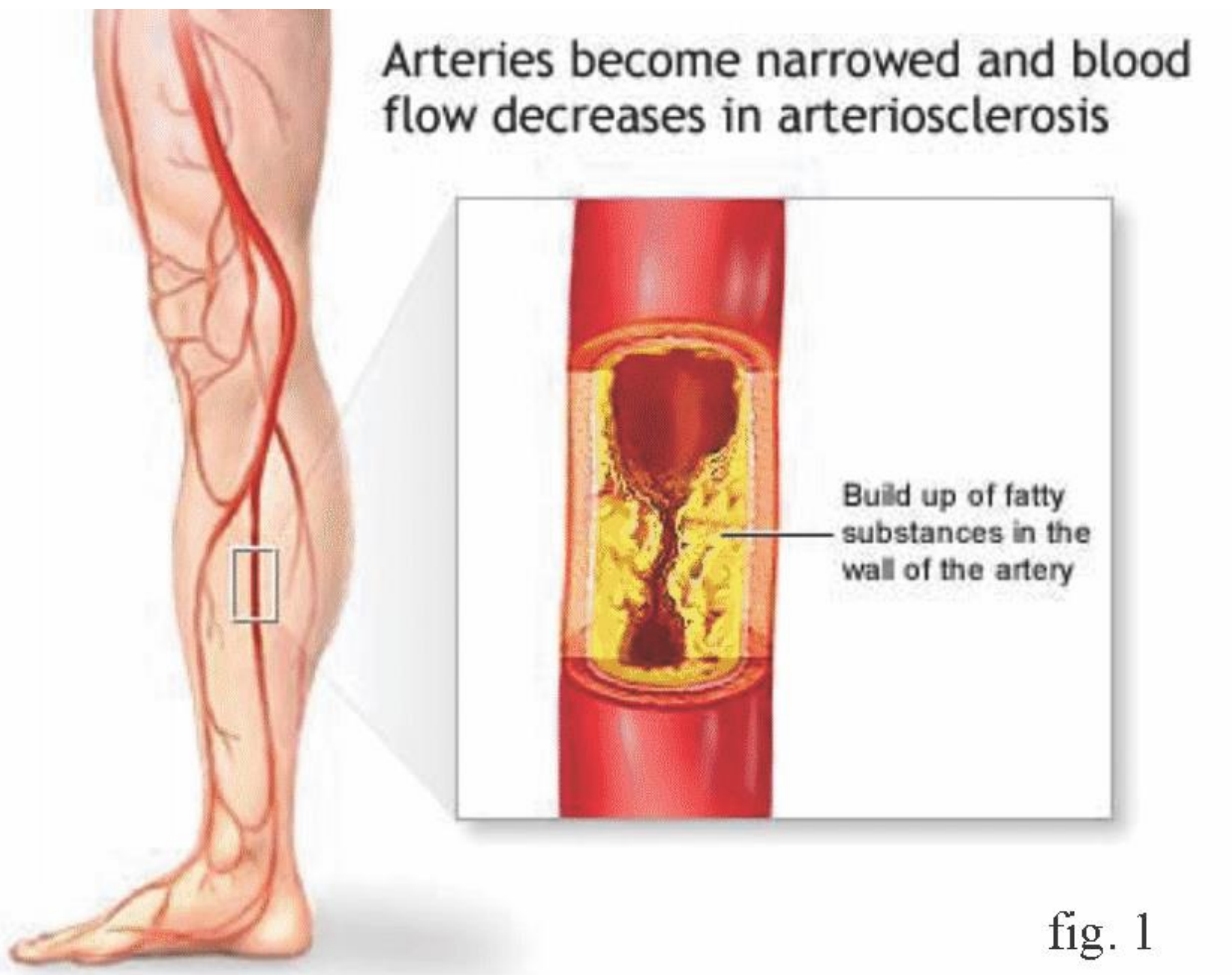


fig. 1

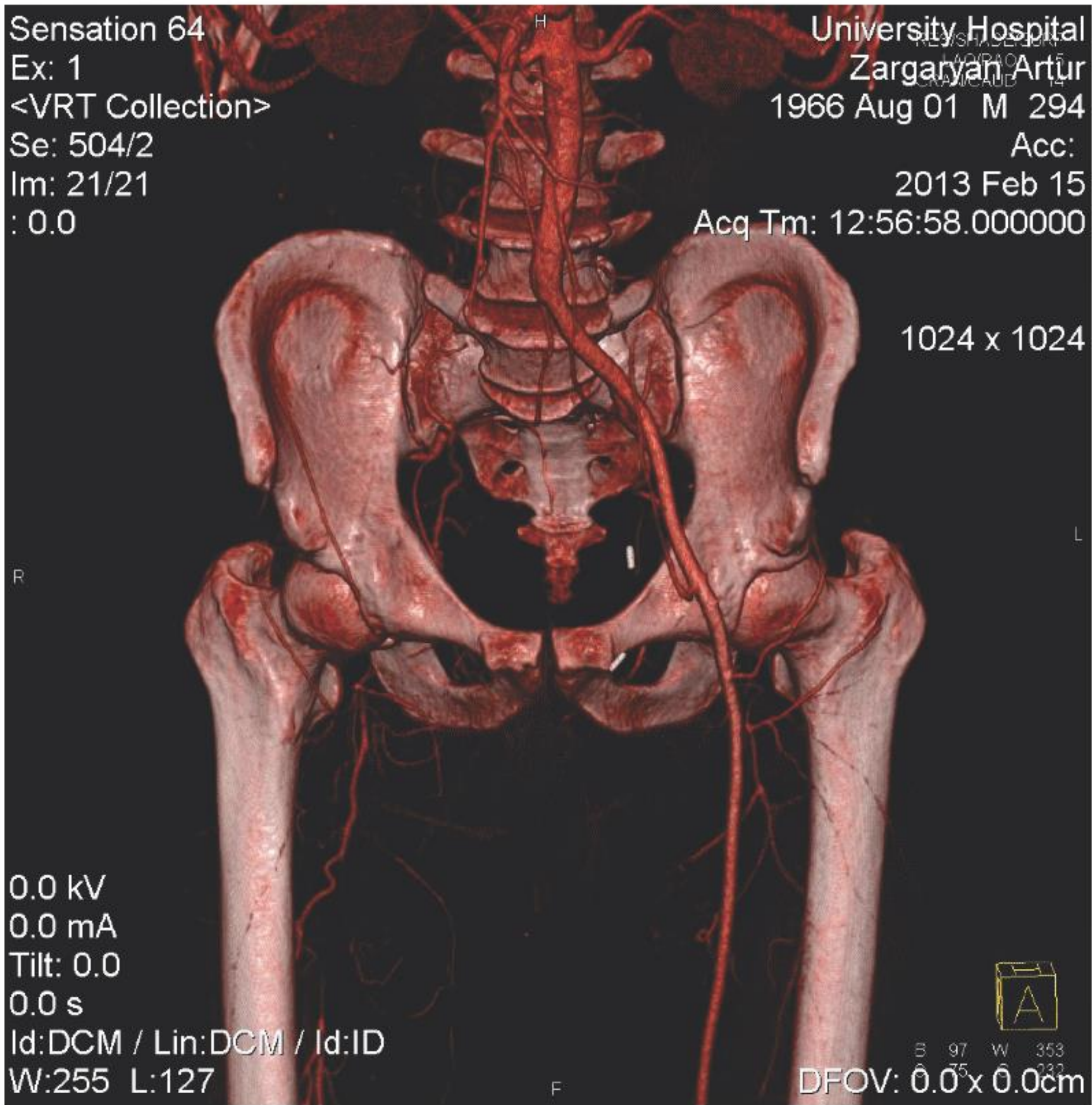


fig.2

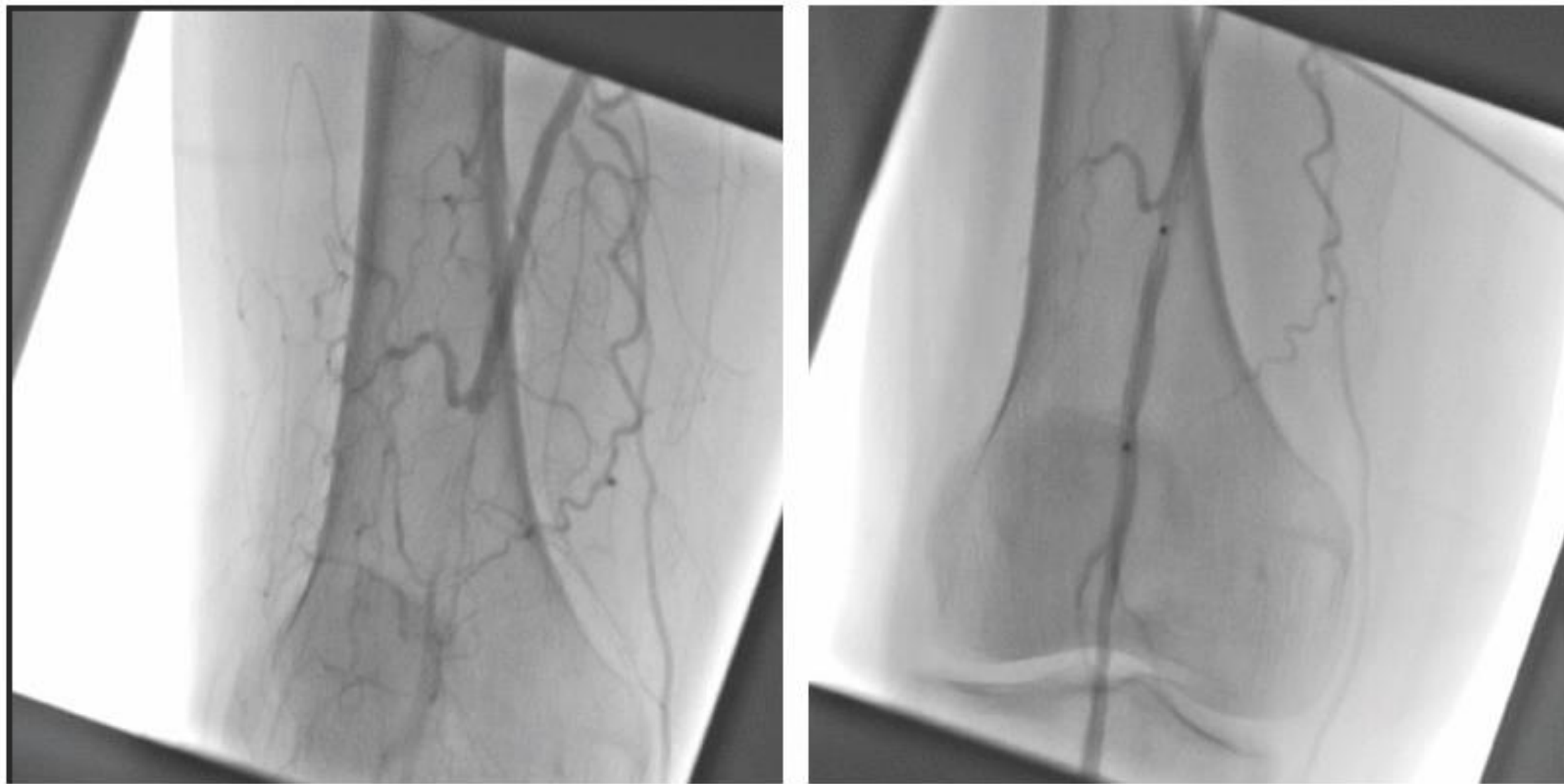


fig. 3

fig. 4

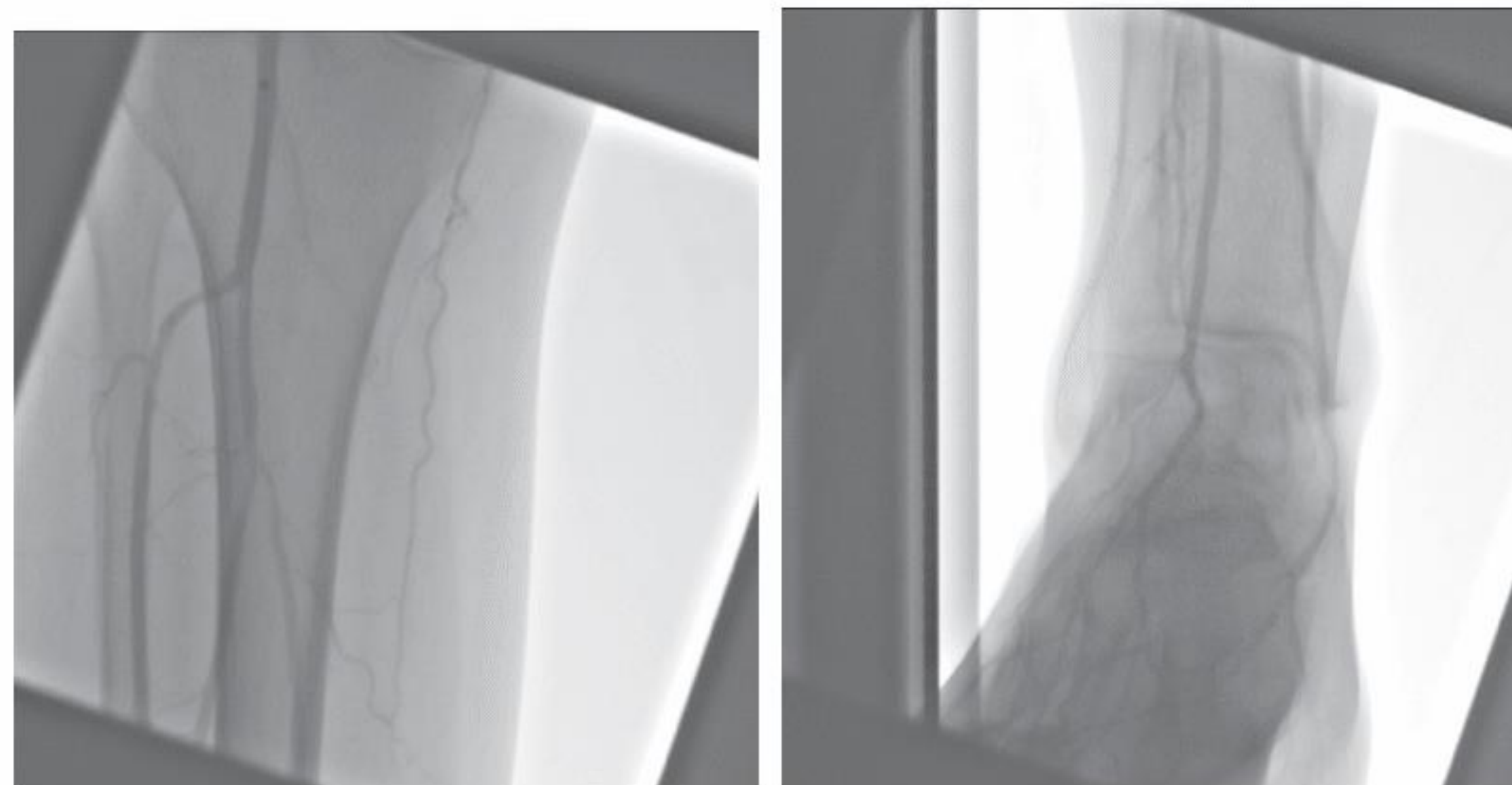


fig. 5

fig. 6