

Long term follow-up of endovascular treatment of superficial femoral arterial lesions

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BACKGROUND AND AIMS

Comparison between percutaneous transluminal angioplasty (PTA), PTA with drug eluting Balloon (DEB) or stenting in terms of:

- primary patency (PP)
- restenosis rates
- failure predictors for each subgroup of patients

MATERIALS AND METHODS

Period 2012-2018

199 patients underwent AFS revascularization for:

- De novo stenosis
- Recurrent stenosis
- Occlusion

OUTCOMES

- Patency
- Univariate analysis
- Multivariate analysis

RESULTS

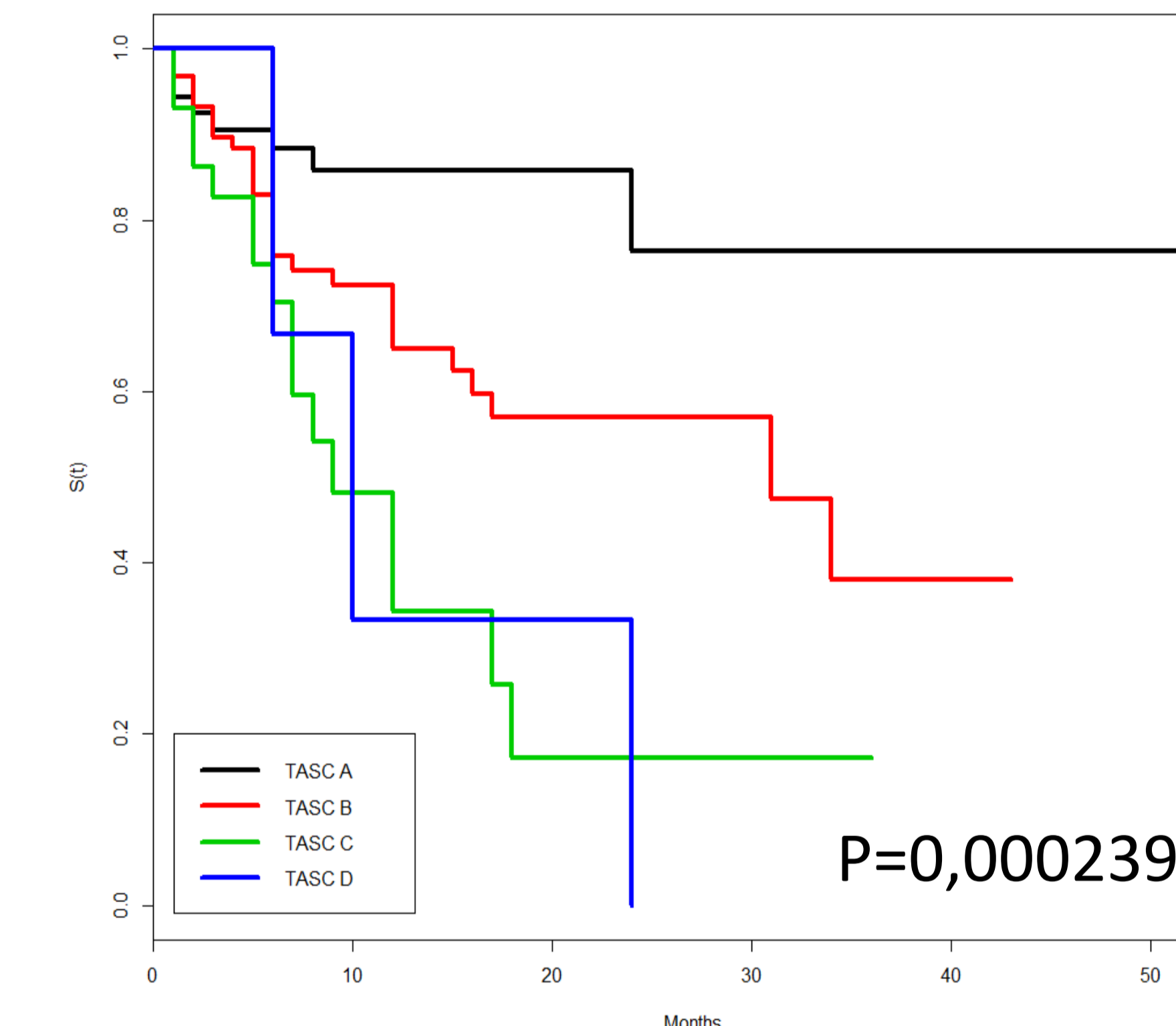
- Mean lesion length: 82,6 mm
- Increasing severity of TASC classification, total occlusion recanalization and renin-angiotensin-aldosterone (RAA) inhibitors intake resulted as restenosis predictors on multivariate analysis.

OVERALL PRIMARY PATENCY

12 months	74,3%
24 months	61,8%
48 months	49,6 %

DEB VS PTA in TASC B

	DEB	PTA	
24 months	94%	59,2 %	P = 0,03



TASC and failure %

TASC	Failure %
A	16,7%
B	41,7%
C	64,1%
D	100,0%

CONCLUSIONS

The superiority of DEB in TASC B may indicate this technique as the first choice for moderate length SFA lesions, but a comprehensive cost/benefit analysis for different target lesions complexity is required. Influence on patency of RAA inhibitors is debated in the coronary district and unknown in lower limb and needs further evaluation.