

Long-term prognosis of diabetic patients with critical limb ischemia: data of a cohort study of 554 diabetic patients followed for 6-years.

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Background: To determine the incidence of major amputation, restenosis after peripheral angioplasty, peripheral by-pass failure, foot ulcer recurrence, critical limb ischemia (CLI) and amputation incidence in contralateral limb, survival of diabetic patients with CLI.

Methods: 554 patients admitted because of CLI between 1999-2003 - followed until December 2007. **Results:** 74 (13.4%) major amputations (23 in the early period and 51 during follow-up) were performed (incidence/year: 3.72%), 127 episodes of restenosis (incidence/year = 6.47%), 36 bypass failures (incidence/year: 8.85%), 71 episodes of ulcer recurrence (incidence/year: 4.31%) occurred. CLI in contralateral limb was observed in 225 (39.9%) patients (incidence/year: 14.76%), and major amputation was performed in 15 (6.7%) patients. Amputation outcome was significantly lower with respect to the initial limb: $\chi^2 = 7.3$, $p = 0.007$. 276 (49.82%) patients died, 3 of whom at admission and 273 during follow-up (incidence/year = 12.53%). The Cox model showed a significant hazard ratio for mortality with age (HR 1.05/year, $p < 0.001$, CI 1.03-1.06), dialysis (HR 3.44, $p < 0.001$, CI 2.22-5.36), and history of cardiac disease (HR 1.37, $p = 0.020$, CI 1.05-1.79). The lower incidence of death was obtained in patients who underwent myocardial revascularization (MR) after CLI admission. **Conclusions:** Diabetic patients with CLI are at high risk of amputation and have higher risk of death. In a dedicated center the ulcer recurrence and amputation in contralateral limb is lower. Paying attention to coronary artery disease during hospitalization for CLI is useful for a subsequent MR and it may increase survival in these patients.