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PVD and Limb Salvage: Five Years Follow Up in a Third Level Diabetic Foot Clinic

L. Giurato, R. Gandini, S. Fabiano, V. Ruotolo, E. Vainieri, M. Di Modugno, E. Pampana, V. Spallone, G. Simonetti, L. Uccioli Università di Roma Tor Vergata, Italy

There are no recent reports describing the clinical history of diabetic patients, that indeed should have significant better outcomes than in the past. This is due to the development of a more comprehensive approach that include: increased technical options in peripheral revascularization, new options in antibiotic therapy, new modalities in terms of wound debridement and dressing, and an increased attention to risk factors and co-morbidities of the patients.

We describe the outcomes of 534 diabetic patients with Critical Limb Ischemia (CLI) and an active ulcer and/or gangrene followed in our diabetic foot clinic at the University Hospital of Rome Tor Vergata in the period between November 1st 2002 and October 31st 2007 (mean FU 14±12 mo. 1-57) . The outcomes included healing, major amputation, and dead, being the remaining patients considered in life with both legs. All patients had lesions in class C (ischemia) or D (ischemia +infection) in the Texas Wound classification being the most in class D grade 3 and 4. Our policy is to revascularize these patients with endoluminal angioplasty (PTA) and only in very few occasion a traditional approach with a distal by-pass was utilized. Of these patients only 78 (14.6%) were not revascularized because of co-morbidities(15) lesion extension (13) or fast healing (26) being the others lost in follow up. The remaining 456 patients showed the following outcomes: 218 healed (47.6%) (mean 8 mo), 61 dead (13%) (mean 12 mo), 61 major amputations (13%) (mean 3 mo) , being 116 (25%) (mean 9 mo) the patients alive with both legs. In a multivariate analysis the recruitment from emergency department was risk factor for amputation and dead (OR 1.8 (1.1-3.1))). In an extensive evaluation of the all influencing parameters the only factors that differentiate patients coming from emergency department was the extension of the lesion (>5 cm2) and the presence of an infection.

Our comprehensive approach show very good results in terms of outcomes, describing a completely different scenario from what reported even recently by the TASC that at 1 year follow up describes 25% dead 30% major amputations and 45% live with the two legs. The differences observed in the outcomes of patients coming from emergency suggest the need of an aggressive and appropriately timed approach before the lesion may even worst the local condition and the final outcomes.