

P4

Limb salvage in diabetic patients is a temporary solution or is a life changing procedure?

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Despite the progressive diffusion of lower limb angioplasty (PTA) for the limb salvage in diabetic patients, in literature has been discussed the tightness of this procedure and if the results obtained are persistent over time. In 2010 we described the long-term outcomes of 510 diabetic patients with critical limb ischemia (CLI) after a mean follow up of 20 ± 13 months and we reported the following results: healings 62,3 %(group A), major amputations 14,7%(group B), deaths 14,9%(group C), in life with ulcers and without major amputations for more than 12 months 8,1%(group D). **Aim:** The Aim of this study is to evaluate the persistence of outcomes or the onset of new outcomes in patients previously described, by a further follow-up of 66 months. **Materials and methods:** we considered a population of 396 patients belonging to groups A, B and D and for those patients we recorded the following outcomes :1) Outcome persistence 2) New major Amputations 3) New Deaths 4) New Healings (only for group D). 294 patients were regularly followed in our clinic, 85 had follow up only by phone and 17 patients were lost. The total mean follow-up for all patients was $67,3 \pm 36,8$ months. **Results:**

	Total	Group A	Group B	Group D	P value
N	379	75	16	9	
F.up Type(% Clinical/Phone)	77,5/22,5	90,8/9,2	29/71	56/44	<0,001
Re-pta (%yes)	14	14	18,2	20,7	Ns
Outcome persistence (%yes)	62,3	69,26	56,45	14,7	}
New Amputations (% yes)	1.32	0,74	0	8,8	
New Healings (%yes)	4.22	0	0	47	
New Deaths (%yes)	32.2	30.04	43,6	29,4	

The type of follow up had a predictive role on the new outcomes ($p < 0.0001$).

Conclusions: The PTA changes the long-term clinical history of patients especially if followed by a close clinical follow-up. We can consider PTA an elective strategy for the limb salvage in all cases where it is applicable.