

**Reduction of amputations and increase of revascularization: are related events?**

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**Background:** Lower extremity revascularization is effective in preventing amputation, but whether exists a relationship between the reduced number of amputations and the increased number of revascularization procedures (RevP) remains to be clarified.

**Objective:** To test whether there is a relationship between Italian and regional trend amputation and lower extremity revascularization in persons with diabetes in years 2003-2012. **Methods:** Retrospective analysis of the number of amputations in persons with diabetes occurred in years 2003-2012 in Italy, and the number of revascularization procedures (RevP) in the same period of time. **Results.** In Italy in the years 2003-2012 the number of lower extremity amputations (LEAs) appears to be decreased. Total amputations decreased from 3.6 for 1000 persons to 2.7 (-23.4%), minor amputations reduced from 2.2 to 1.9% (-13.1%), and major from 1.2 to 0.7 (-38.1%) ( $p < 0,0001$ ). In the same period of time the number of total vascular procedures progressively increased. In 2003, 4.0 for 1000 persons with diabetes underwent RevP; 2.5 had endoluminar revascularization (ER), while 1.4% had surgery procedures (SP). In 2012: RevP were 4.7 of which 4.1 were ER and 0.6 SP. The trend was +61,3% for ER and -55.5% for SP. Gender Difference of RevP show a RR=3 (male to female), and RevP patients were significantly older in 2012 compared to those in 2003 ( $p > 0,01$ ). The trend of amputation and revascularization wasn't homogeneous in the different regions of Italy. For example it is clear that in some regions a lower amputation rate is clearly linked to an increased number of RevP, while in other regions this is not demonstrated. **Conclusion:** In Italy in years 2003-2012 the number of LEAs dramatically reduced, and in the same period of time the number of RevP increased. However, further analysis of data is needed to better clarify the relationship between the reduced number of amputations and the increased number of revascularization.