

[O26] IMPACT OF HEART FAILURE AND DIALYSIS IN THE PROGNOSIS OF DIABETIC PATIENTS WITH CRITICAL LIMB ISCHEMIA AND FOOT ULCER

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Aim: To establish the role of heart failure (HF) and dialysis (D) in the prognosis of diabetic patients with critical limb ischemia (CLI) and foot ulcer (FU).

Method: The study group included 104 diabetic patients with CLI and FU (man 68%/woman 32%, age 68,5±1,05 years, diabetes duration 21,5±1,2 years, mean HbA1c 64,3±2). All patients followed our limb salvage protocol and were treated by percutaneous transluminal angioplasty (PTA) of limb affected by ischemic foot lesion. According to the presence of HF and D patients were divided in four subgroups: 1) without HF and without D; 2) with HF, without D; 3) without HF, with D; 4) with HF and D. HF was considered in case of ejection fraction less than 50% or documented clinical history. D was considered in case of chronic renal replacement therapy. The most significant variables of the four groups are described. We reported 1-year outcomes expressed as: limb salvage (LS), major amputation (MA), death (De).

Results/Discussion: Overall 80 patients (77%) survived with limb salvage, 5 patients (5%) had major amputation of affected limb and 19 patients (18%) died: (10/19) 53% for sepsis, (8/19) 42% for heart complications, 1/19 (5%) for other causes. 11/19 patients (58%) died during hospitalization. There were not differences about the cause of death between the four groups. The most significant variables are respectively reported for groups 1,2,3 and 4: anemia (66.7, 100, 80.8, 93.8%) ($\chi=0.002$), malnutrition (59, 100, 91.7, 100%) ($\chi<0.0001$), inability to stand or walk without help (0, 20, 15.4, 25%) ($\chi=0.0023$), ulcer size (>5 cm²) (63.6, 85, 69.2, 100%) ($\chi=0.003$), lower limbs steno-obstructions (vessels) (3.9±0.2, 4.7±0.3, 4.8±0.3, 5.3±0.4) ($\chi=0.0054$), positive procalcitonin (3.9, 25, 23, 62.5%) ($\chi<0.0001$), hospital complication (19, 47.3, 23.1, 50%) ($\chi=0.03$). 1-year outcomes for the groups 1,2,3 and 4 were respectively: LS (95.6, 62.5, 76, 37.7%), MA (4.4, 6.3, 4, 6.2%), De (0, 31.2, 20, 56.3%) ($\chi=0.0001$).

Conclusion: Patients with heart failure and dialysis showed more comorbidities, more risk of sepsis and hospital-complications than patients with preserved heart and renal function. The simultaneous presence of heart failure and dialysis influences dramatically the prognosis of diabetic patients with critical limb ischemia and foot ulcer. These patients reported 1-year mortality greater than 50% and they should be considered as highest risk subjects. Close monitoring of cardiovascular complications and infections is requested.