[P68] LONG-TERM RESULTS OF ENDOVASCULAR THERAPY IN DIABETIC PATIENTS WITH CRITICAL LIMB ISCHEMIA

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Objective: To evaluate the long-term results after peripheral angioplasty in diabetic patients with critical limb ischemia (CLI).

Methods: 81 diabetic patients with CLI underwent PTA in 88 limbs. There were 76(46%) men, with mean age 64,1[54-68] years, mean HbA1c 7,9±1,4%, mean duration of diabetes 16,5[0,8-43] years, diabetes type 1/2 - 8/73. Diagnosis and treatment of CLI based on recommendation of TASC II. The primary outcome was cumulative survival, secondary outcome were cases of repeat PTA and major amputations (MA).

Results: Patients were divided into 2 groups: group A (n-51) – with active follow up (FU) period (visits every 3-6 months during 5 years) and group B (n-30) - without active FU period (the second visit in our center was performed in 5 years after PTA). Only 44 (86%) patients from group A finished FU period. Patients from both groups were comparable in comorbidities, severity of lower limb artery obstruction's and degree of tissue damage ($p<0,05$): peripheral arterial disease (PAD) 4-6 classes according Graziani classification in both groups was in 75(93%) cases; Rutherford classification in both groups: 4 category-12(15%), 5 category in 43(53%), and 6 category in 29(31%) patients. Myocardial infarction and stroke in anamnesis were in 11 (15%) and 6 (8%) patients, respectively. Repeat PTA was performed in group A in 15 (35%), in group B in 5(16%) cases. There were major amputations in groups: A-4(9%) vs group B – 4(12%) (log-rank, $p<0,05$). Cumulative survival in groups: A-80%, in group B-67%. (log-rank, $p<0,05$).

Conclusion: CLI in diabetic patients is characterized by severe morphological lesions of the lower limbs arteries and soft tissue lesions. Active FU period have advantages in diabetic patients with CLI after PTA: timely performed reinterventions decrease the risk of major amputations and improve cumulative survival.