

Long-Term Outcomes After Percutaneous Lower Extremity Arterial Interventions With Atherectomy vs. Balloon Angioplasty

Propensity Score-Matched Registry —

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Background: The impact of endovascular revascularization of the lower extremity arteries with atherectomy (AT) compared with percutaneous transluminal angioplasty (PTA) is still unclear. Therefore, the aim of the study was to compare long-term outcomes after percutaneous PTA and AT in patients requiring endovascular revascularization.

Methods and Results: This was a single-center, retrospective registry of obstructive and symptomatic PAD patients who underwent endovascular revascularization. PTA was performed in 215 patients, and AT in 204 (Silver Hawk, EV3, n=125; CSI 360°, n=66; Pathway Medical Technologies, n=13). There were no significant between-group differences in baseline characteristics except for increased CAD, dialysis and CLI prevalence in the PTA group. Following propensity score analysis 131 well-matched pairs were included in analysis. Bail-out stenting was more frequent in the reference group (PTA, 6.1% vs. AT, 0%; P=0.004). At 6- and 12-month follow-up there were no differences in TLR between the groups (PTA, 8.3% vs. AT, 5.3%; P=0.47; and PTA, 16.7% vs. AT, 13.7%; P=0.73, respectively). The difference was in layor of AT at 24-month follow-up (PTA, 29.0% vs. AT, 16.7%; P=0.05). No difference was observed in amputation rate (PTA, 0.7% vs. AT, 1.5%; P=0.62). On Kaplan-Meier analysis there were no significant differences between groups in time to TLR, amputation or death.

Conclusions: AT was associated with lower risk of TLR, and this should be confirmed in randomized controlled trials.

Key Words: Atherectomy, Claudication; Critical limb ischemia; Percutaneous transluminal angioplasty; Peripheral artery disease

ecording to recent clinical practice and evidence, endovascular revascularization of the lower limb arteries has superseded surgical procedures.12 Regardless of advancement in endovascular technology, restenosis and the need for repeat revascularization are still challenging. Moreover, the mortality in peripheral artery disease (PAD), especially in critical limb ischemia (CLI), is high, fluctuating at around 20% at 6-month follow-up, and exceeding 50% within 5 years from diagnosis.34 These numbers increase in patients with coexisting symptomatic coronary artery disease (CAD). Additionally, CLI is associated with poor quality of lifes and high treatment costs." Nowadays, multiple therapies for PAD have emerged, including pharmacological regimens, endovascular and open surgery, drug-coated balloons (DCB), and stem cell therapy.7 On top of that, stenting has become popular, due to the reassuring early outcome. In contrast, in the femoropopliteal artery mechanical stress is high, thus implanted stents are exposed to the risk of stent fracture and malformation, increasing the rate of restenosis. ** In the below-the-knee (BTK) region, use of metal, balloon-expandable drugeluting stents is more common than the self-expandable nitinol ones, because those stents are even more susceptible to fracture. Moreover, due to the characteristics of BTK, lesions, in most cases multiple stents are needed. ** Therefore, atherectomy (AT), which removes the atherosclerotic plaque from the arterial wall, appears to be promising. This expectancy is linked to the fact that these devices cut out the plaque from the artery wall, thus significantly increasing lumen diameter and removing potential sources of inflammation, thus facilitating satisfactory outcome.

Thus far, the long-term outcomes after endovascular

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Long Term Results Of Arterial Interventions

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