

## 第 17 回

日本心血管インターベンション治療学会

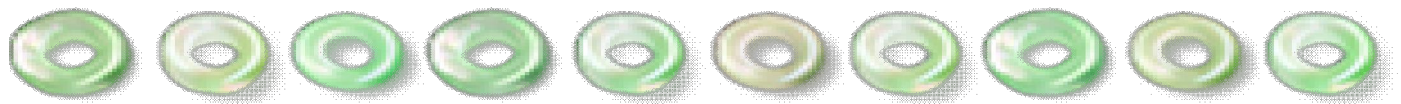
近畿地方会が 10 月 22 日（土）に

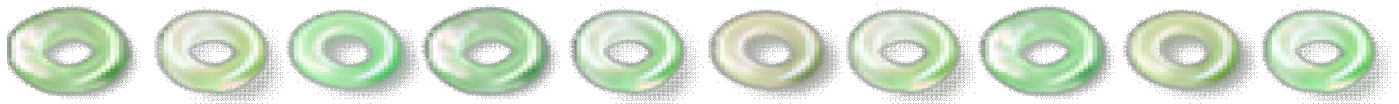
千里ライフサイエンスセンター 6F にて開催さ

れます。当院からは、**心臓血管内科**

**河原田 修身先生**が学術発表を致し

ますので、ご紹介します。





## — 抄録 —

### 演題 : Predictors of Adverse Clinical Outcome after Successful Infrapopliteal Intervention

医療法人康仁会 西の京病院 心臓血管内科 河原田修身

**Objectives:** To clarify the clinical and angiographical variables related to delayed wound healing, major amputation and death after successful infrapopliteal intervention in critical limb ischemia (CLI) patients with tissue loss.

**Background:** There is an underappreciation of adverse clinical outcomes after successful infrapopliteal intervention.

**Methods:** Stent-assisted infrapopliteal angioplasty was successful in 106 limbs in 85 patients. Successful intervention was defined as revascularization of at least one straight-line flow to the foot.

**Results:** At 6 months and 1, 2, and 5 years, the repeat intervention-free rates were 55.0%, 49.6%, 44.4% and 36.1%, respectively; the amputation-free survival rates were 85.7%, 68.0%, 54.5% and 39.8%, respectively; and the limb salvage rates were 96.0%, 92.4%, 86.3% and 86.3%, respectively. An infectious wound was an independent predictor of major amputation after successful intervention. The complete wound healing rates were 36.8%, 57.5%, 67.9% and 73.6% at 3, 6, 9 and 12 months, respectively. In stepwise multivariate Cox analysis, diabetes mellitus, an infectious wound, and the pedal-plantar arch classification were identified as independent predictors of wound healing. The long-term survival rates at 6 months and 1, 2, and 5 years were 89.5%, 73.8%, 62.0% and 43.4%, respectively. Stepwise multivariate Cox analysis identified end-stage renal disease (ESRD) on hemodialysis to be an independent predictor of death.

**Conclusions:** Contemporary infrapopliteal intervention produced a satisfactory clinical outcome, although with the need for repeat intervention. The pedal-plantar arch classification, diabetes mellitus, an infectious wound and ESRD on hemodialysis can be used for risk stratification of adverse clinical outcomes after successful infrapopliteal intervention.

