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Which kind of surgery have better results in patients with critical lower limb ischemia during repeated operations?

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INTRODUCTION

Re-operated patients with critical lower limb ischemia does not lead to the necessary positive result. This is due to the presence of burdened concomitant diseases and the presence in patients of multivessel lesions of the arteries of the lower extremities, which leads to insufficient arterial circulation in the distal arteries .

AIM

To study the effectiveness of profundoplasty and femoral-popliteal bypass surgery in patients with critical lower limb ischemia during repeated arterial reconstructions.

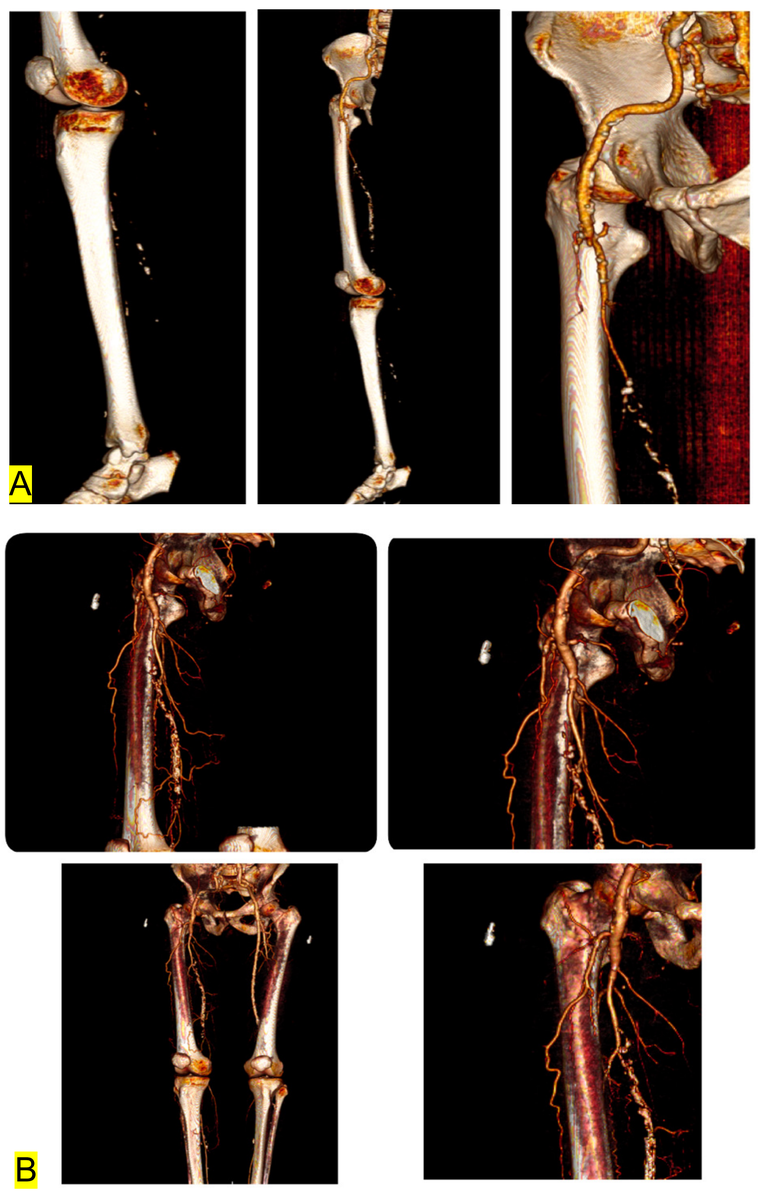

Fig .2A-FPS thrombosis, deep femoral artery stenosis, absence of distal bed. B-CT-angiography after reconstruction

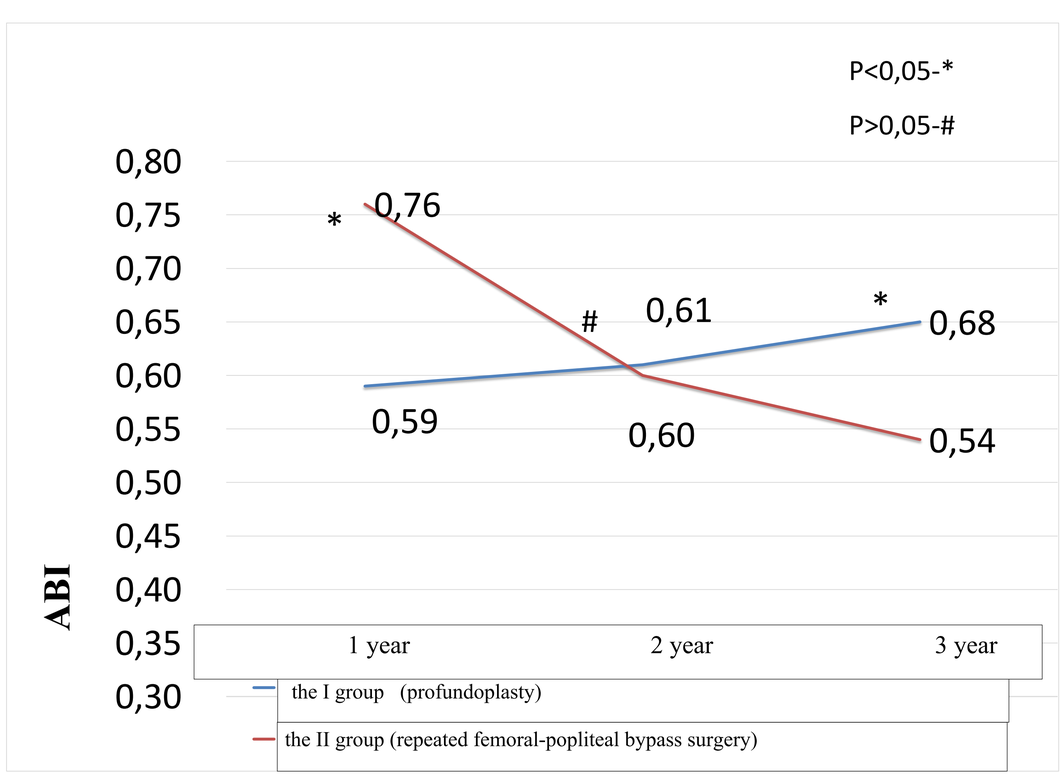

Figure 1. Dynamics of ABI after re-operated surgery on the arteries of the lower extremities.

METHODS

A study were included 43 patients ,all patients were re-operated for critical lower limb ischemia. Patients are divided into 2 groups. The I group were included 21 patients who underwent profundoplasty and the II group were included 22 patients who underwent repeated femoral-popliteal bypass surgery.Decision of surgical treatment tactics was based on the results of CT angiography of the lower limb arteries.(Fig 2,3,4) For all patients were performed duplex scanning.

Figure 3. Thrombosis of the femoral-popliteal shunt.

RESULTS

In the I group the average index ABI was 0.59‡0.06 In the immediate postoperative period and in the II group ABI was 0.76‡0.11 (P<0.05). In the II group 2 patients had bypass thrombosis in the immediate postoperative period, and therefore a thrombectomy was performed. In the II group a bypass thrombosis was observed in 6 (27.3%) patients, no thrombosis was detected in the group of patients with deep femoral artery plasty. During 1 year, there were 6 cases of amputation in the second group.
Long-term result (in 3 years) : In the I group ABI was 0.68‡0.09; in the II group ABI was 0.54‡0.08 (P>0.05)(Fig.1).In the I group (profundoplasty) reocclusion of the reconstruction zone was not observed and 10 patients had reocclusion in the group with repeated femoral-popliteal bypass surgery in 3 years after surgery . Only two cases of amputation was observed in the I group , 7 cases in the second group .
Survival in the first group was 92.9%, in the second group 84.1% (P>0.05) in a year. In three years in the first group was 71.4%, in the second group II was 56.8% (P<0.05).

CONCLUSIONS

Profundoplasty is the effectiveness operation of choice for patients with critical lower limb ischemia during repeated arterial reconstructions

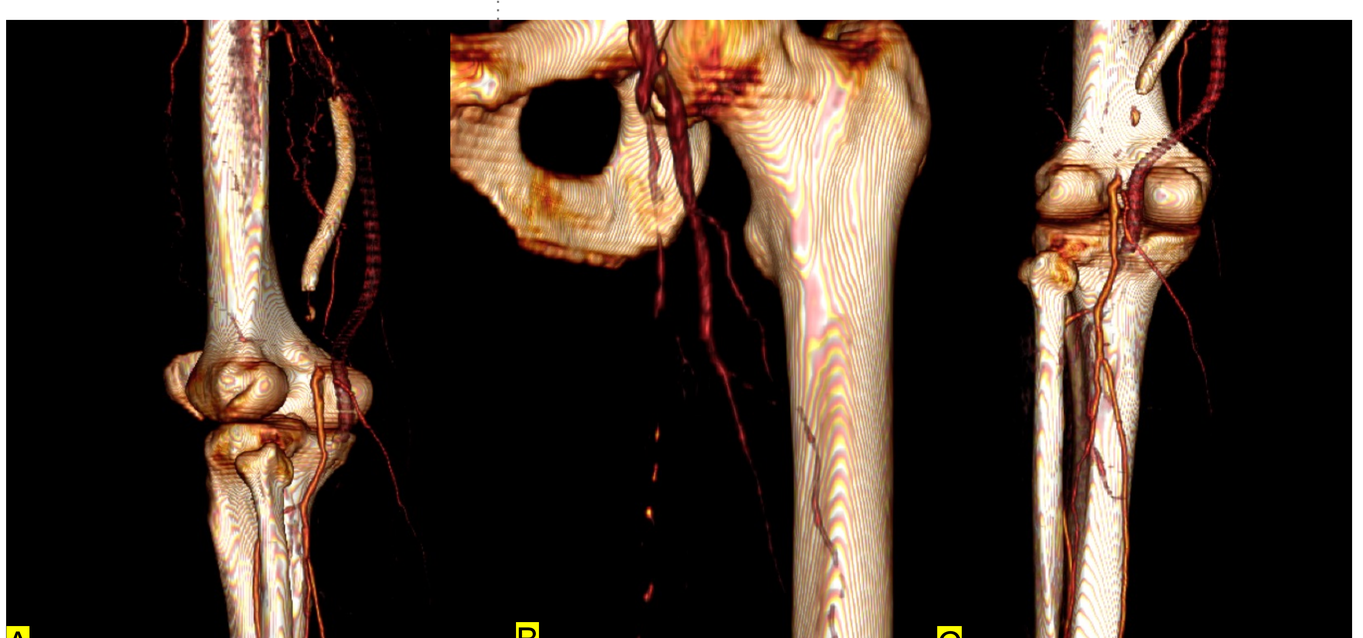

Figure 4. CT angiography: A - thrombosis of BPSH and stent. B - Stenosis of DFA on the left. C-inadequate arterial distal bed.