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<b>Publishing Title:</b>	Subintimal Angioplasty for Lower Extremity Claudication
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<b>Abstract Body:</b>	<p><b>OBJECTIVES:</b> Subintimal angioplasty is a minimally invasive option for treating chronic arterial occlusions. Increasingly, this technique is performed for critical lower extremity ischemia as a limb salvage procedure. In this series, we review our experience with this technique for the management of patients with severe intermittent claudication.</p> <p><b>METHODS:</b> A retrospective review subintimal angioplasty in our practice was conducted. All patients who underwent infrainguinal subintimal angioplasty for disabling lower extremity claudication were analyzed. Patient demographics and co-morbidities, as well as procedure details were documented. Patient outcome included relief of symptoms, patency rates, the need for emergency surgery, and alteration of subsequent bypass level.</p> <p><b>RESULTS:</b> Between January 2003 and March 2005, 85 subintimal angioplasty procedures were performed for lower extremity claudication in 79 patients with a mean age of 66 years. There were 56 males (65%), 29 diabetics(34%), 44 had coronary artery disease(52%), and 4 were on dialysis(5%). The treated segments were iliac artery in 9, superficial femoral artery in 75, popliteal artery in 31 and infra-popliteal vessels in 7. Multiple segments were treated in 31 cases. Mean length of the treated segment was 25 cm. Mean ankle brachial index (ABI) pre-procedure was 0.5, and improved to 0.79 post procedure. Technical success, defined as restoration of flow in the occluded segment, was achieved in 75 procedures (88%). Complications occurred in 5 cases (6%), with minor extravasation in 4 and one retroperitoneal hematoma related to the puncture site. All complications were treated conservatively. The median follow-up for the study period was 10.8 months. Fifty nine patients(79%) had complete resolution of claudication. Recurrence of claudication occurred in 17 patients (23%), with further interventions needed in 20 cases in the form of 5 bypasses and 15 endovascular interventions including 4 redo subintimal angioplasty. No patient required emergency surgery, experienced worsening symptoms, or had alteration of bypass level.</p> <p><b>CONCLUSIONS:</b> Subintimal angioplasty is safe, technically achievable, and effective in the management of disabling claudication due to chronic arterial occlusion. Failed procedures did not lead to emergency surgery or alter the level of future bypass. Longer follow up, as well as prospective data comparing this endovascular procedure to other methods of lower extremity revascularization are needed.</p>