When Should We Use DESs? Why?

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DISCLOSURE:
Marco Manzi, MD

• Abbott Vascular: Consultant/Advisory Boarder
• Angiodroid: Consultant
• BARD: Consultant
• BBraun Consultant Advisory Boarder
• CID/ALVIMEDICA: Consultant
• COOK: Consultant
• Boston Scientific: Proctor
• TERUMO: Consultant
74 Limbs/73 Patients
Focal calcified lesions scaffolding:
3 lesions max, 21.1+/−19.3 mm length;

RCT Bail out scaffolding
DES vs BMS = better 6 months patency and less amputations @ 6 and 12 months

Paclitaxel

Lesion location*

<table>
<thead>
<tr>
<th></th>
<th>POBA + BMS</th>
<th>DES</th>
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</thead>
<tbody>
<tr>
<td>Infragenuel popliteal artery</td>
<td>5 (5.5)</td>
<td>6 (5.0)</td>
</tr>
<tr>
<td>Tibioperoneal trunk</td>
<td>20 (22.0)</td>
<td>21 (17.4)</td>
</tr>
<tr>
<td>Tibioperoneal trunk &amp; peroneal artery</td>
<td>1 (1.1)</td>
<td>1 (0.8)</td>
</tr>
<tr>
<td>Anterior tibial artery</td>
<td>27 (29.7)</td>
<td>35 (28.9)</td>
</tr>
<tr>
<td>Posterior tibial artery</td>
<td>12 (13.2)</td>
<td>31 (25.6)</td>
</tr>
<tr>
<td>Peroneal artery</td>
<td>26 (28.6)</td>
<td>27 (22.3)</td>
</tr>
</tbody>
</table>

No. of limbs treated with (bail-out) stents:
14 (21.2) POBA + BMS, 74 (100) DES

Stents implanted per limb:
0.3±0.7 POBA + BMS, 1.8±0.8 DES

Values are mean or %±SD unless stated otherwise. BMS indicates bare metal stent; DES, drug-eluting stent; PTA, percutaneous transluminal angioplasty; and TASC, TransAtlantic Inter-Society Consensus.

* n (%).
Long-Term Follow-up of the PADI Trial: Percutaneous Transluminal Angioplasty Versus Drug-Eluting Stents for Infrapopliteal Lesions in Critical Limb Ischemia.

Sreen MI, Martens JM, Knippenberg B, van Dijk LC, de Vries JPM, Vos JA, de Borst GJ, Vonken EPA, Bijlstra OD, Wever JJ, Statius van Eps RG, Mali WPTM, van Overhagen H.

Abstract

BACKGROUND: Clinical outcomes reported after treatment of infrapopliteal lesions with drug-eluting stents (DESs) have been more favorable compared with percutaneous transluminal angioplasty with a bailout bare metal stent (PTA-BMS) through midterm follow-up in patients with critical limb ischemia. In the present study, long-term results of treatment of infrapopliteal lesions with DESs are presented.

METHODS AND RESULTS: Adults with critical limb ischemia (Rutherford category ≥4) and infrapopliteal lesions were randomized to receive PTA-BMS or DESs with paclitaxel. Long-term follow-up consisted of annual assessments up to 5 years after treatment or until a clinical end point was reached. Clinical end points were major amputation (above ankle level), infrapopliteal surgical or endovascular reintervention, and death. Preserved primary patency (≤50% restenosis) of treated lesions was an additional morphological end point, assessed by duplex sonography. In total, 74 limbs (73 patients) were treated with DESs and 66 limbs (64 patients) were treated with PTA-BMS. The estimated 5-year major amputation rate was lower in the DES arm compared with PTA-BMS (31.8% versus 20.4%, P=0.043; and 20.8% versus 12.2%), whereas comparable. The limited available morphological results showed high patency rates. Survival and primary patency rates at 5 years were similar.


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Better in:

- Restenosis Rate, TLR, FFA and Wound Healing;
- They concern about metal future, long lesions and use in everyday job;
Better Sirolimus vs Paclitaxel

Better:
• Patency Rate;
• Freedom from TLR;
• Major Amputation;
• Rutherford Class Improvement;

Worst:
• Mortality Rate

7 Trials/801 Patients
Suggestions from Our Experience

• -limus vs Paclitaxel > Amphilimus (Sirolimus + Fatty organic acids);
• Bail-out in TPT, Tibial Bifurcation;
• Dissection and Ca++ (aggressive vessel prep);
CALCIFIED PLAQUES = RE-COILING > SCAFFOLDING

Cre8™ BTK 3x 30 mm (2)
CALCIFIED PLAQUES = RE-COILING > SCAFFOLDING

@ 6 months FU
Bifurcations

Complex Lesion involving Bifurcations: Maintaining Good In-flow: focal calcified lesion scaffolding

Cre8™ BTK 3x 30 mm (2)
After 10 mins inflation
Bifurcations and Dissections
Bifurcations and Dissections
After 10 mins inflation
Alternative Options for Bifurcations Rec

Atherectomy

@ 6 months FU
Alternative Options for Bifurcations Rec

Multiple SES
Despite poor scientific data and several limitations as length, the use of DES in BTK proximal area seems to be promising and safe in bail-out and complex anatomy condition.
SAVE THE DATE

MARCH 21ST & 22ND 2019
PADUA ITALY

CLIC

Critical Limb Ischemia Course

Course Directors:
M. Manzi, MD
L. M. Palena, MD

Live cases from Policlinico Abano

NH Laguna Palace Hotel - VENICE/MESTRE - ITALY

COURSE FOCUSED ON DIABETIC FOOT
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