

# **Endovaskuläre Interventionen**

**Paradigmawechsel ?**

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**Sonnenhof Bern 2007**

## **TASC I Recommendation # 35 (2000)**

**Treatment of choice for TASC type femoropopliteal lesions:**

**Endovascular procedure for type A lesions**

- **Surgery is the procedure for type D lesions**

## **TASC II Recommendation # 37 (2006):**

**New definitions of TASC Types**

- **Endovascular intervention preferred for type B lesions**
- **Surgical procedures preferred for type C lesions  
(in good risk patients)**

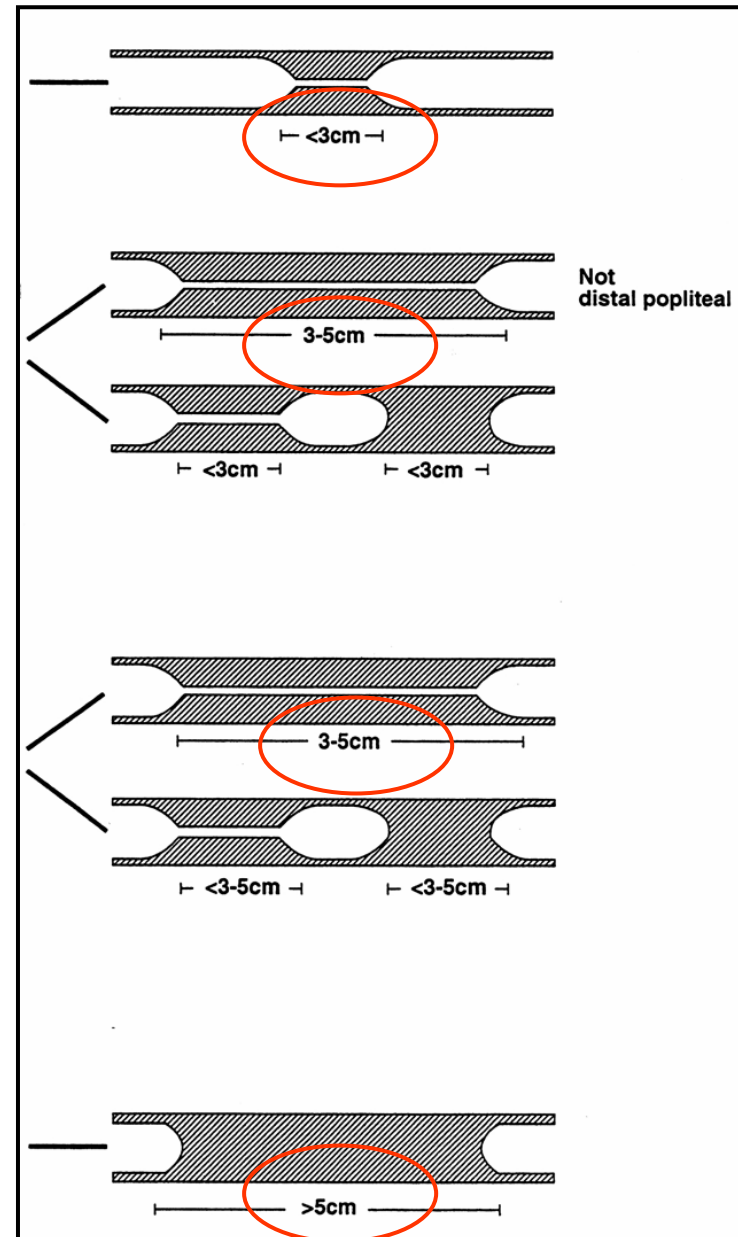
# TASC I -femoropopliteal lesion types:

- **Type A: Stenosis < 3 cm**

- **Type B: Stenosis 3 – 5 cm**  
Stenosis < 3 cm, and  
occlusion < 3cm

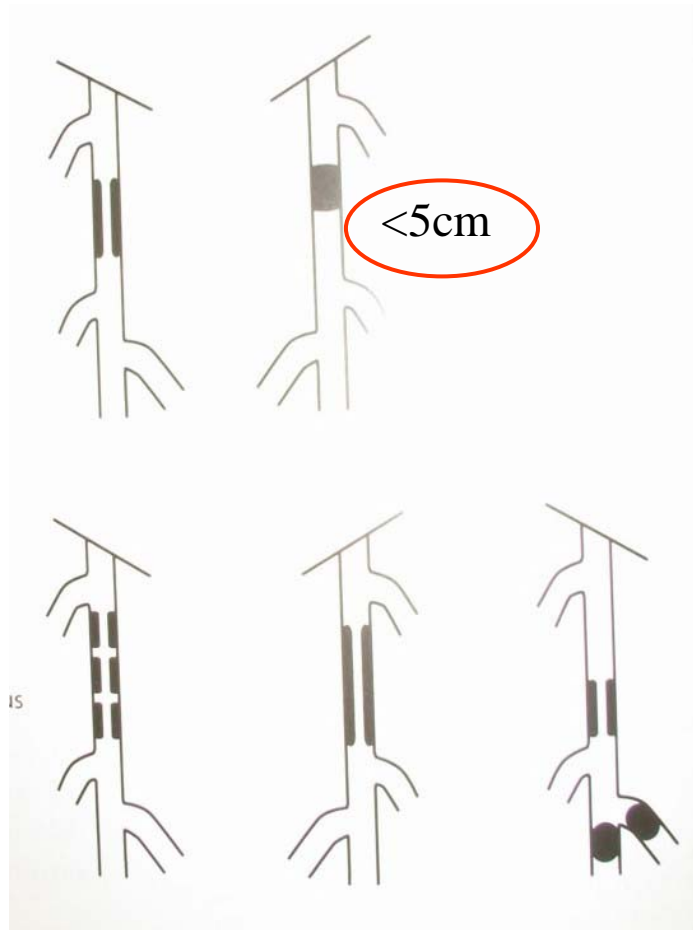
- **Type C: Stenosis 3 – 5cm**  
Stenosis 3-5 cm, and  
occlusion 3-5 cm

- **Type D: occlusion > 5 cm**

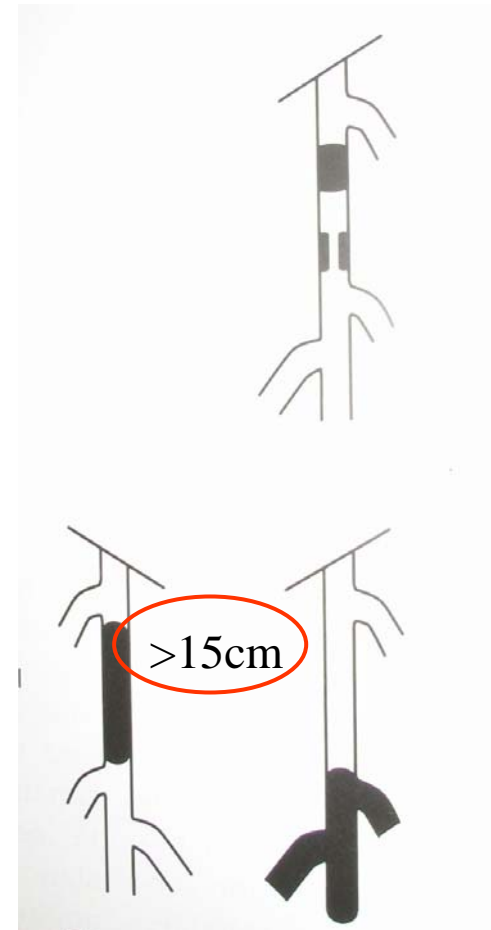


# TASC II Type femoro-popliteal lesions

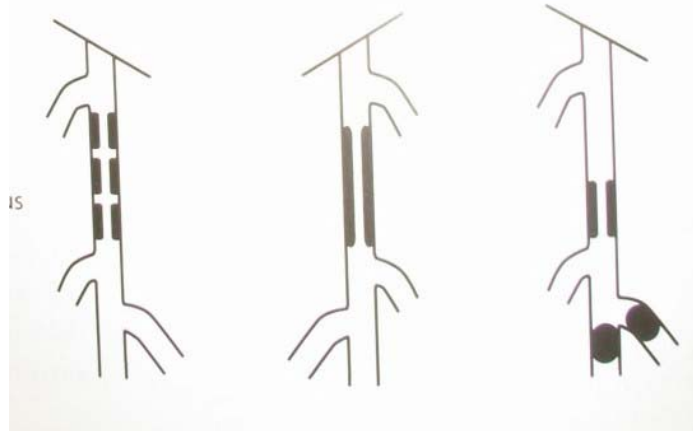
**Type A**  
**EI**



**Type C**  
**S>EI**



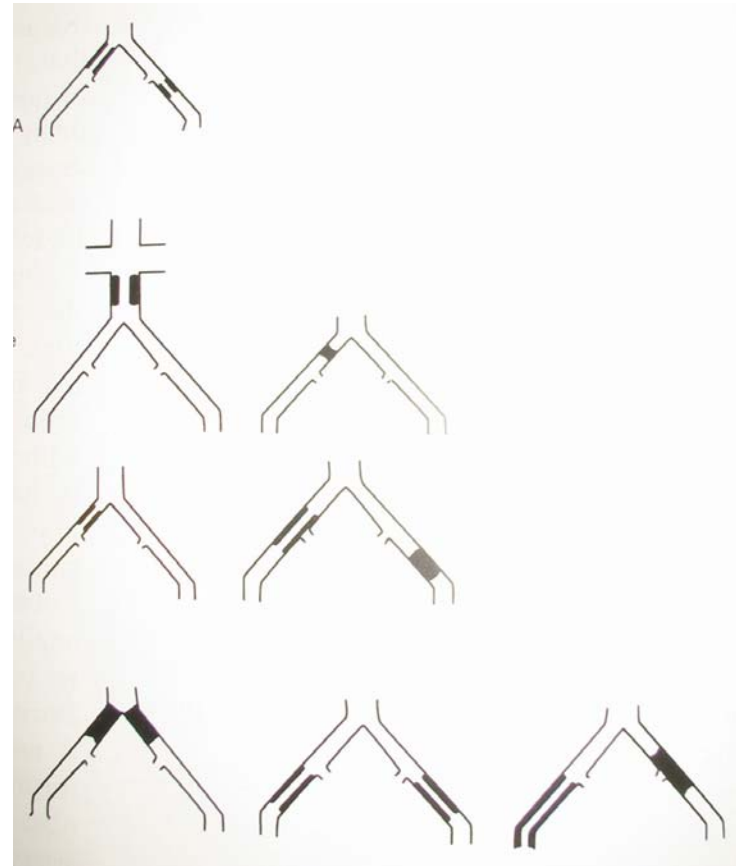
**Type B**  
**EI>S**



**Type D**  
**S**

# TASC II iliac lesions

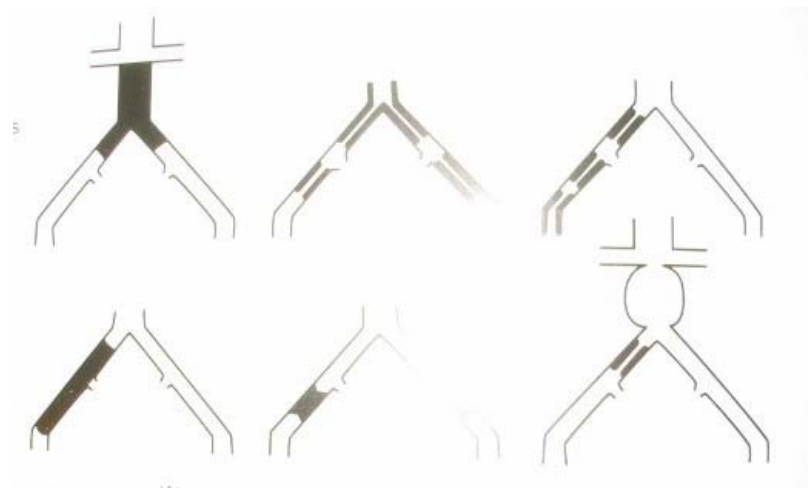
**Type A**  
**EI**



**Type B**  
**EI > S**

**Type C**  
**S > EI**

**Type D**  
**S**



# Endovascular revascularization

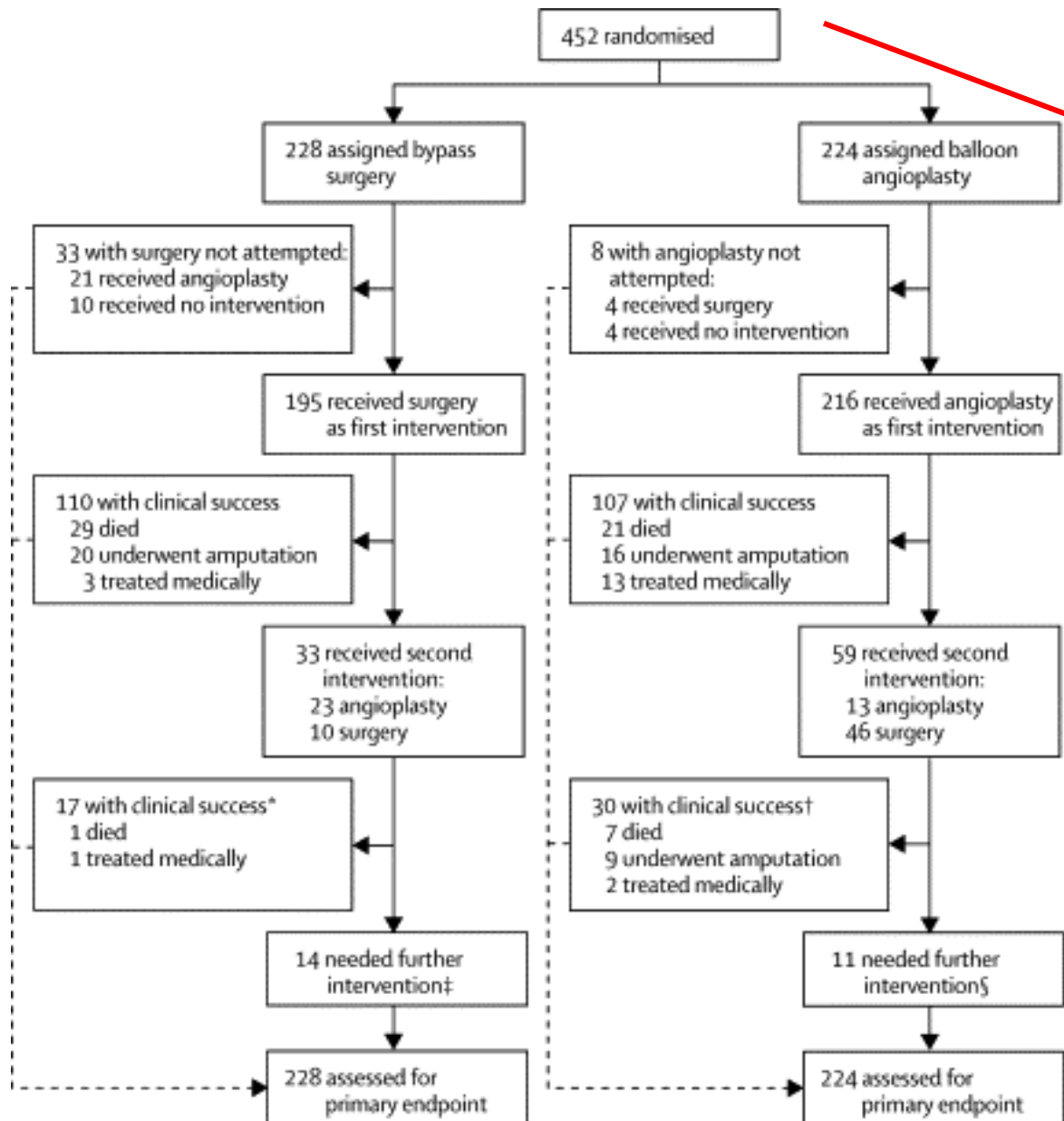
## Infrainguinal angioplasty (limb salvage)

Author, year	Method (N)	Limb salvage (6-21 Mo)	clinical success
<i>Söder JVIR 2000</i>	Angioplasty (72)	80%	63%
→ <b>Balmer JEVT 2002</b>	Angioplasty (60)	92%	59%
<b>Dorros</b> <i>Circulation</i> 2003	Angioplasty (284) <i>optional Stenting</i>	91%	∅
<b>Ansel</b> <i>Cath Cardiovasc Interv</i> 2004	Cutting Balloon (73)	90%	∅
<b>Laird</b> <i>Cardiovasc Surg</i> 2004	Excimer Laser (145)	92%	70%



# Bypass vs angioplasty in severe ischemia of the leg (BASIL), RCT

Lancet, 2005



**Diabetes: 42 %**  
**Smoking: 55 %**  
**Hypertension 60%**

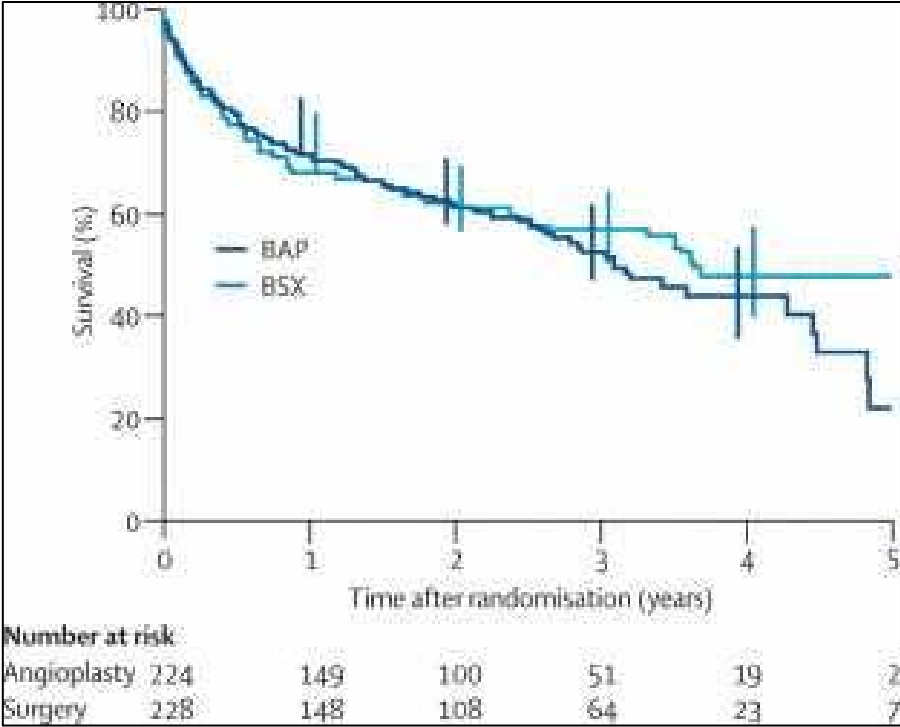
**Anastomoses:  
 above, below knee  
 and crural:1:1:1**  
**PTA:  
 femoral, popliteal,  
 crural:1:1:1**

L

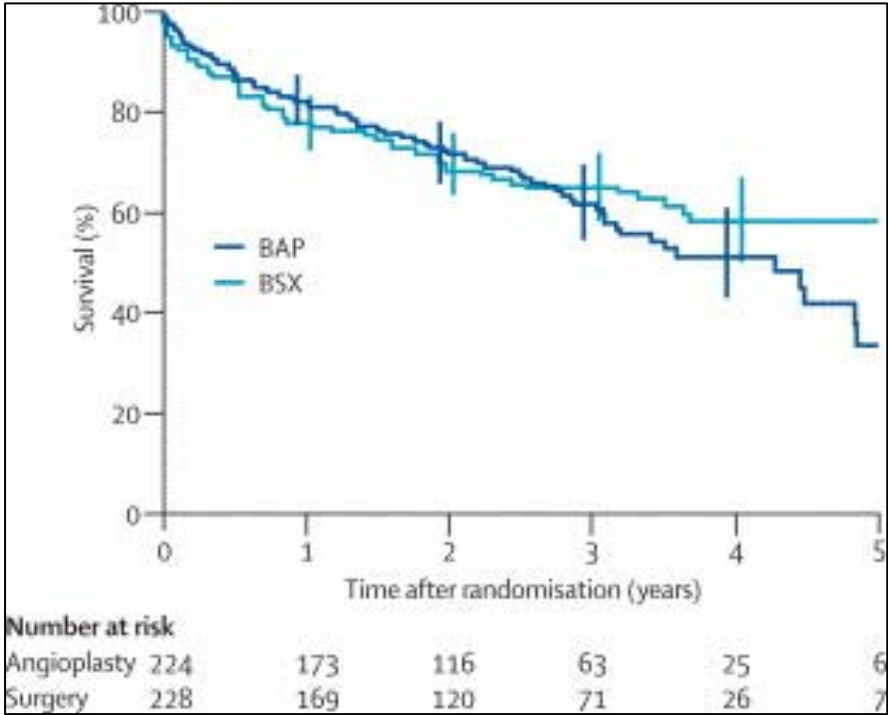
# Bypass vs angioplasty in severe ischemia of the leg (BASIL), RCT

Lancet, 2005

## Amputation free survival



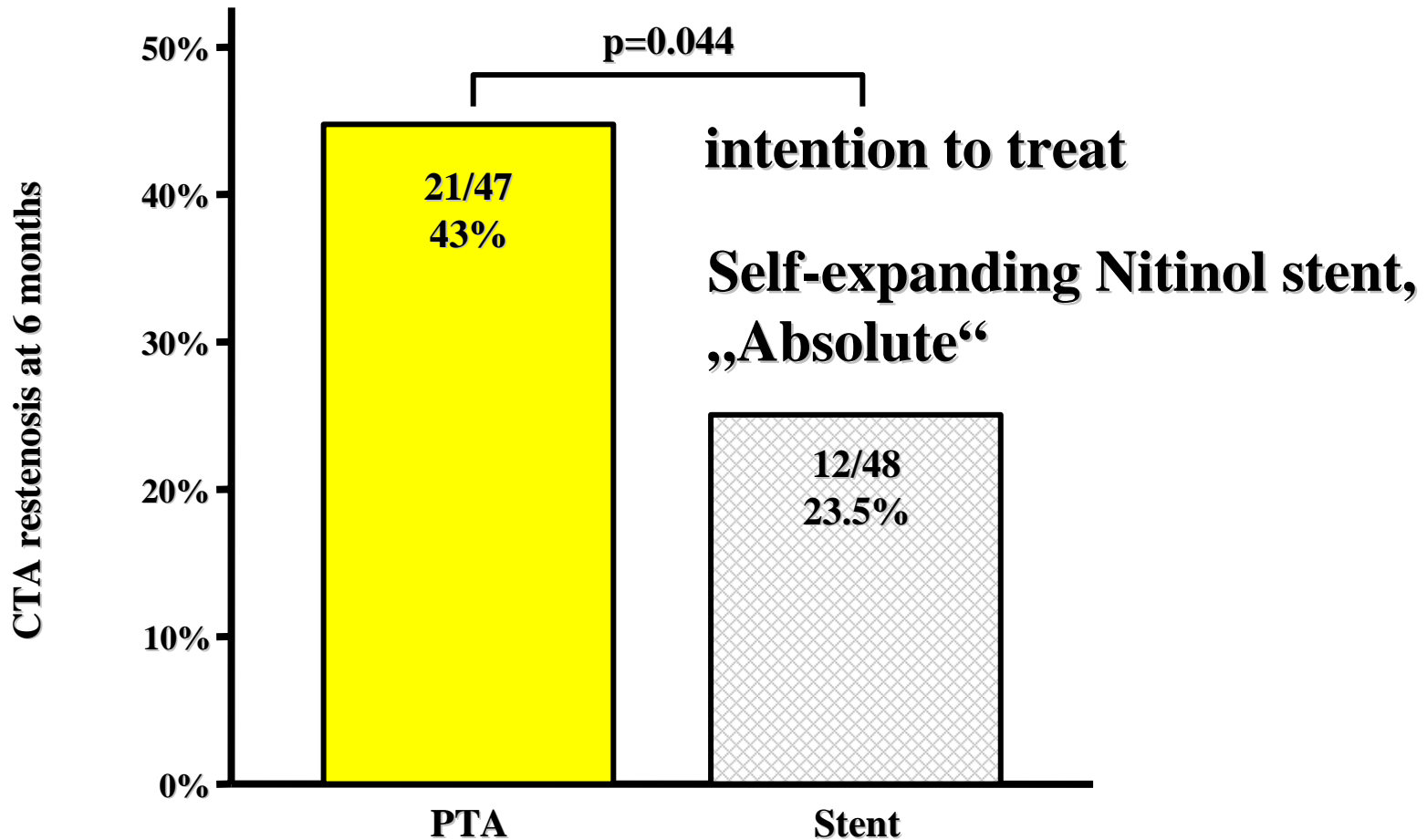
## mortality



# ABSOLUTE (single center RCT, Vienna)

6-months preliminary CTA data (n=95)

(per protocol: 50% vs 25%)



**ACC/AHA 2005 practice guidelines for  
management of patients with PAOD  
Circulation 2006; 113;1474-1547**

**Recommendations**

**Endovascular intervention is recommended as the preferred revascularization technique for TASC consensus *Type A iliac and Type A femoro-popliteal artery lesions...* (level A evidence)**

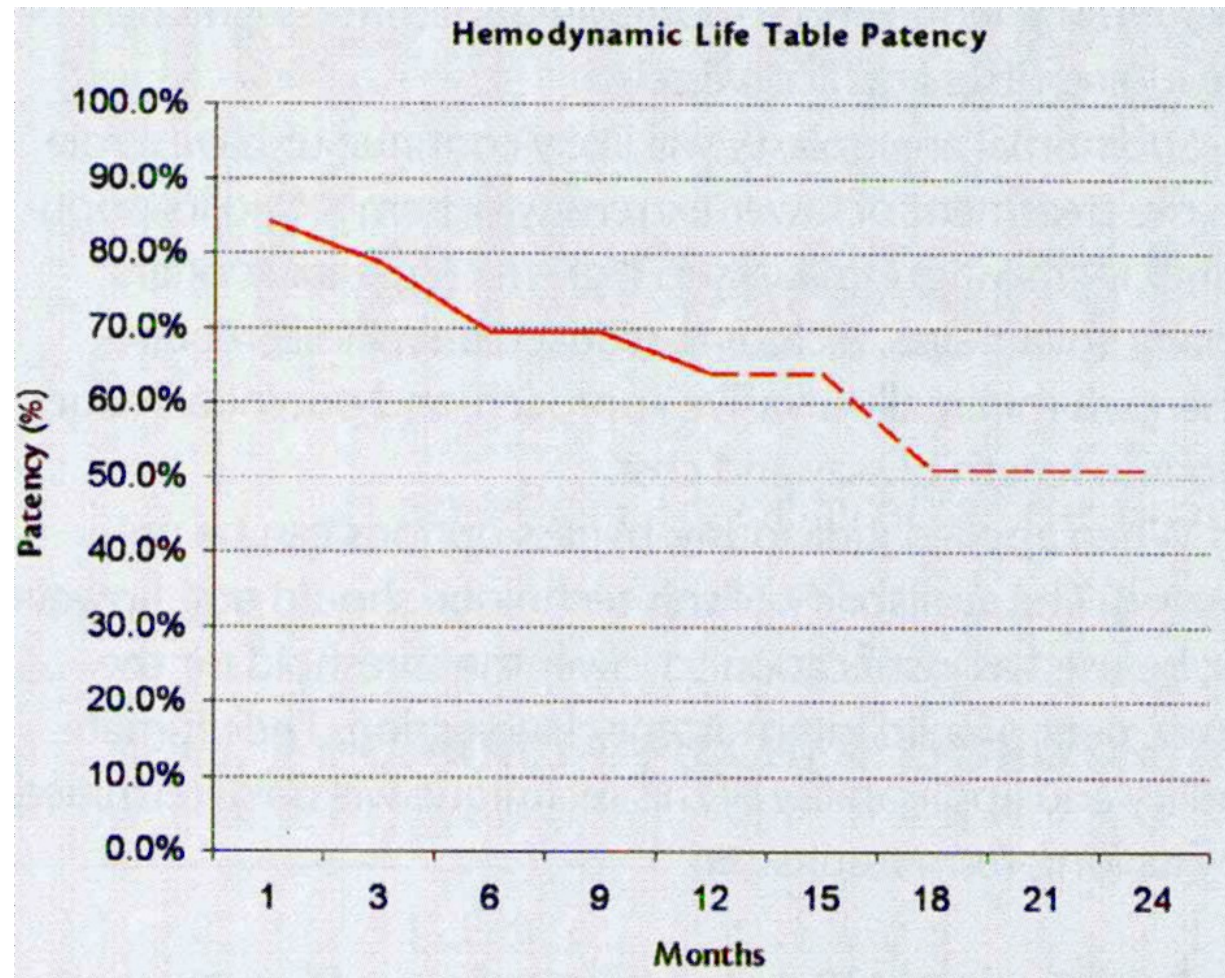
**Stents (and other adjunctive techniques such as lasers, cutting balloons, atherectomy and thermal devices) can be useful in the femoral-popliteal and tibial arteries as *salvage therapy for suboptimal or failed result from balloon dilatation...* (level C evidence)**

**See also EJVS, 2007;33:S1-S75**

# Subintimal Angioplasty for long SFA occlusions

*Lipsitz EC et al.*  
*J Vasc Surg* 2003

**Patients** 40  
**Length** 8 cm



# Take-home message

- **Patientenzahl mit PAVK zunehmend**
- **Amputationsrisiko bei claudicatio intermittens ca 5 %**
- **Bei CLI ca. 25-50%, bei Diabetes im “complicated stage II”)**
- **Limb saving rates ca. 80-90% nach:**
  - **maximaler und konsequenter Revaskularisation,  
(endovaskulär in erster Wahl !)  
(level II recommendation, level B evidence !)**
  - **Bypasschirurgie nicht verhindern**
  - **interdisziplinäres Wund- und Fussmanagement**
  - **grosszügige antibiotische Therapie bei Infektionen**
  - **andere konservative Möglichkeiten zuletzt**