Outcomes of Endovascular Treatment for TASC-II D Femoropopliteal Occlusive Disease
Veera Suwanruangsri, MD, Pruesttipong Kaviros, MD
Department of Surgery, Maharat Nakhon Ratchasima Hospital, Thailand

Objective: The aim of this study was to assess the early and midterm outcomes of endovascular treatment for Trans-Atlantic Inter-Society Consensus II (TASC-II) D femoropopliteal occlusive disease.

Methods: We reviewed the clinical data of 61 patients who presented with TASC-II D femoropopliteal occlusive disease and underwent endovascular treatment between August 2013 and June 2016. Early and midterm outcomes were evaluated in these patients in terms of postoperative mortality, morbidity, technical success, freedom from target lesion revascularization (TLR) and limbs salvage rate.

Results: Total 61 patients with mean age of 67.7±13.0 years were included in this study. Mean lesion length was 250.5±114.1mm. 91.8% of the patients presented with critical limb ischemia. There were 15.0%, 65.6% and 8.2% of the patients presented with rest pain, minor tissue loss and major tissue loss, respectively. The mean follow-up time was 21.1±17.8 months. Technical success rate was 93.4% with 36.8% of POBA, 63.1% of stenting and 7.0% of hybrid operations. Retrograde technique was performed in 33.3% of the successful procedures. The 30-day mortality rate was 3.2% (2 patients). Procedure related complications was 8.2% (5 patients). Six patients required major amputation during follow-up. The 12 and 24 months patency could not be evaluated because most of the patients have a poor compliance with follow-up. The 24-months freedom from TLR and limb salvage rate were 75.5% and 89.5%, respectively.

Conclusions: Endovascular treatment for TASC-II D femoropopliteal lesions can be performed with acceptable mid-term outcomes. Closed follow-up is necessary because of high rate of restenosis.