

PERIPHERE ARTERIELLE VERSCHLUSSKRANKHEIT: WAS GEHT OHNE SKALPELL?

Harald Brodoefel

„Entweder wir finden einen Weg,
oder wir machen einen“



Was geht „Sinnvoll“ ohne
Skalpell

- ▣ Akuter arterieller Verschluss
- ▣ Chronische kritische Ischämie

- ▣ Claudicatio
- ▣ Aneurysmata
- ▣ Mesenteriale Stenosen
- ▣ Carotisstenosen

Akuter arterieller Verschluss

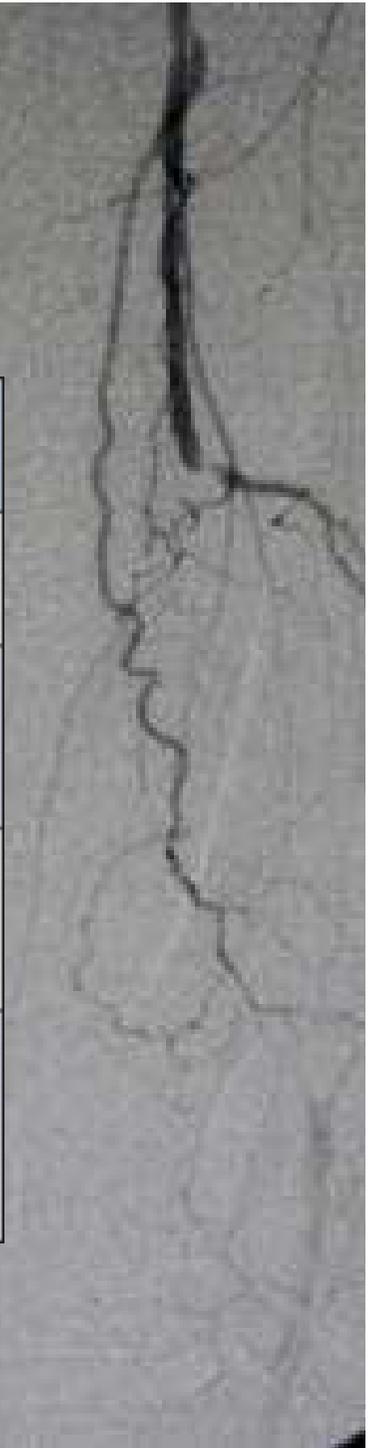


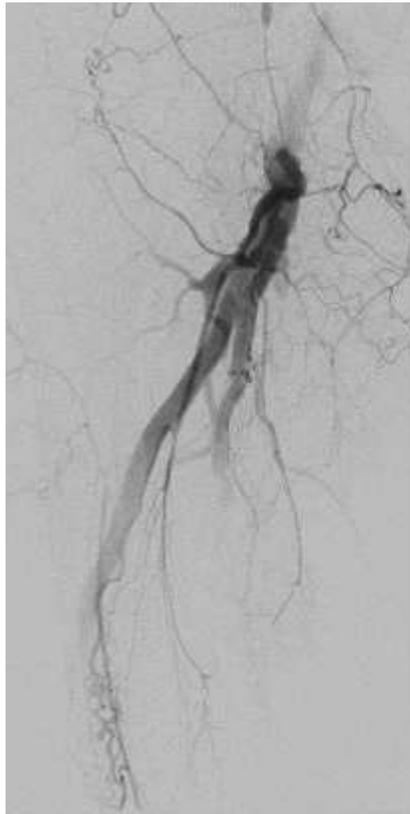
- Inzidenz 10 / 100.000 Jahr
- Mortalität 15%
- Amputationsrate 5-30%



EMBOLIUS

Grade	Category	Sensory loss	Motor deficit	Prognosis
I	Viable	None	None	No immediate threat
IIA	Marginally threatened	None or minimal (toes)	None	Salvageable if promptly treated
IIB	Immediately threatened	More than toes	Mild/moderate	Salvageable if promptly revascularized
III	Irreversible	Profound, anaesthetic	Profound, paralysis (rigor)	Major tissue loss Amputation. Permanent nerve damage inevitable





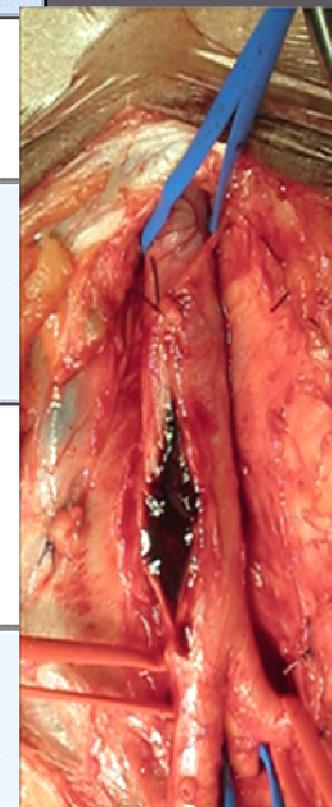
fund

nach

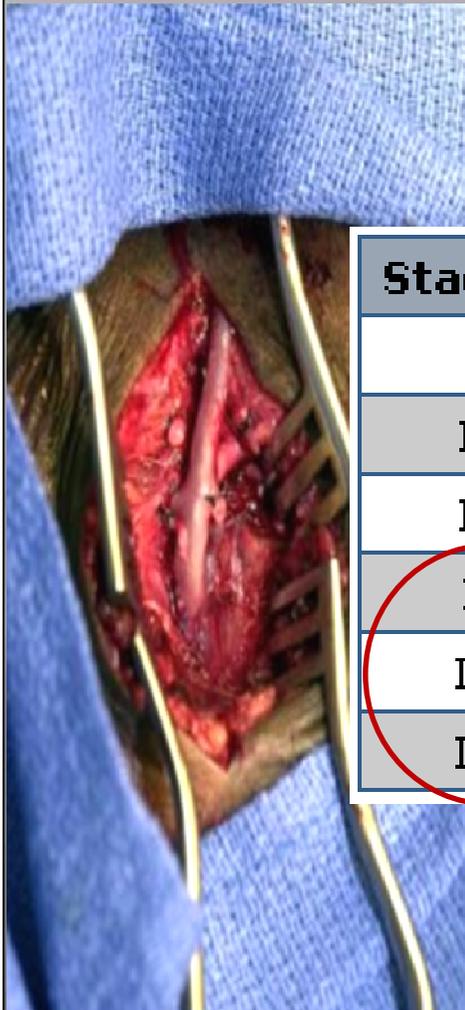
ABSCH
nach PTA 5mm



Grade	Category	Sensory loss	Motor deficit	Prognosis
I	Viable	None	None	No immediate threat
IIA	Marginally threatened	None or minimal (toes)	None	Salvageable if promptly treated
IIB	Immediately threatened	More than toes	Mild/moderate	Salvageable if promptly revascularized
III	Irreversible	Profound, anaesthetic	Profound, paralysis (rigor)	Major tissue loss Amputation. Permanent nerve damage inevitable



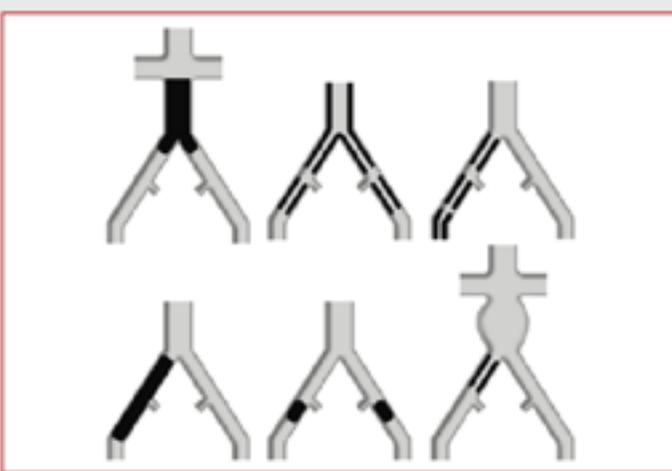
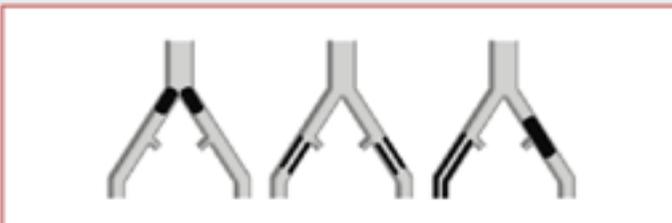
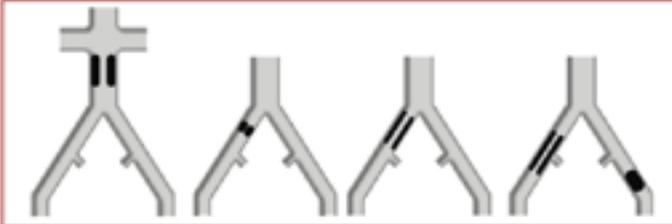
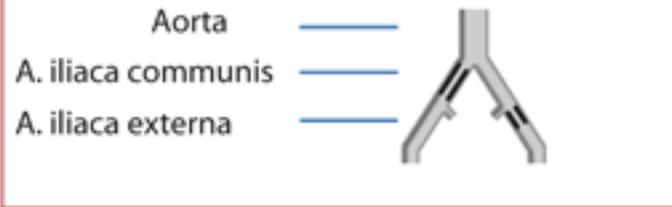
Chronische kritische Ischämie



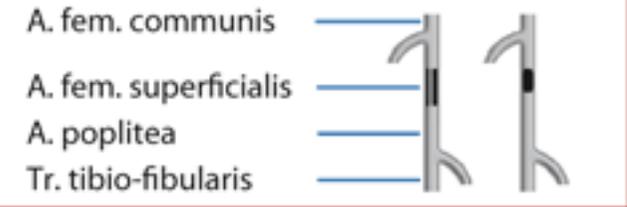
Stadium	Befund
I	kein Puls tastbar, jedoch keine Beschwerden
IIa	Claudicatio intermittens, Gehstrecke > 200 m
IIb	Claudicatio intermittens, Gehstrecke < 200 m
III	Ruhschmerz, besonders nachts
IVa	Nekrose
IVb	Gangrän (infizierte Nekrose = Gewebszerfall)



Aortoiliakale Achse



Femoropopliteale Achse



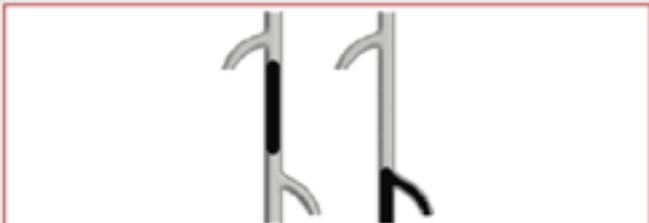
Typ A



Typ B



Typ C



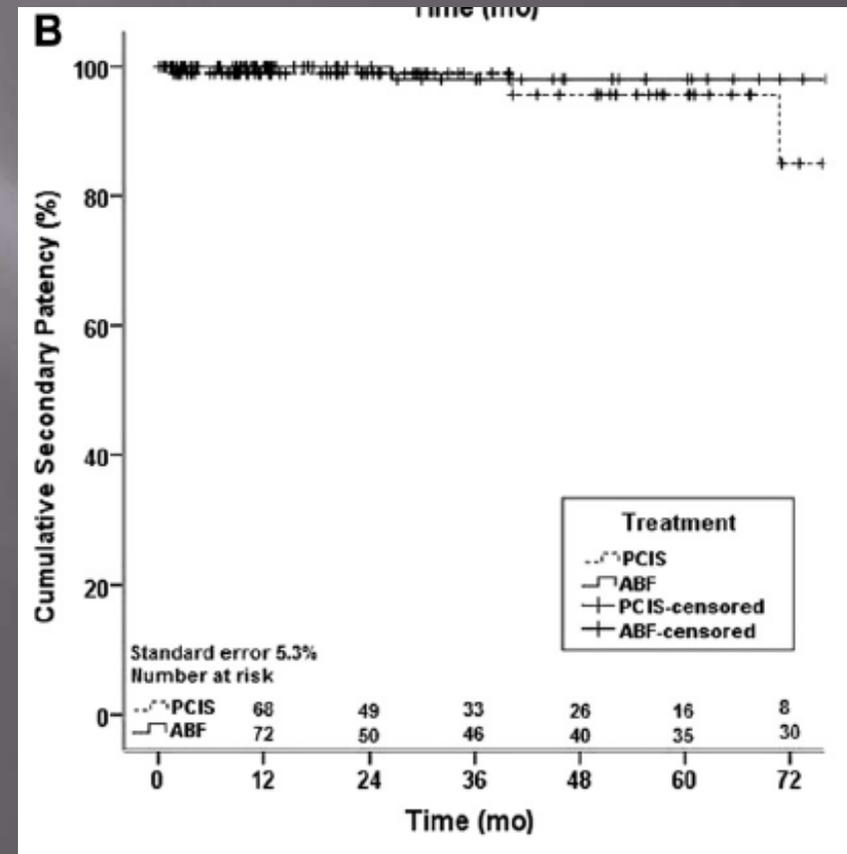
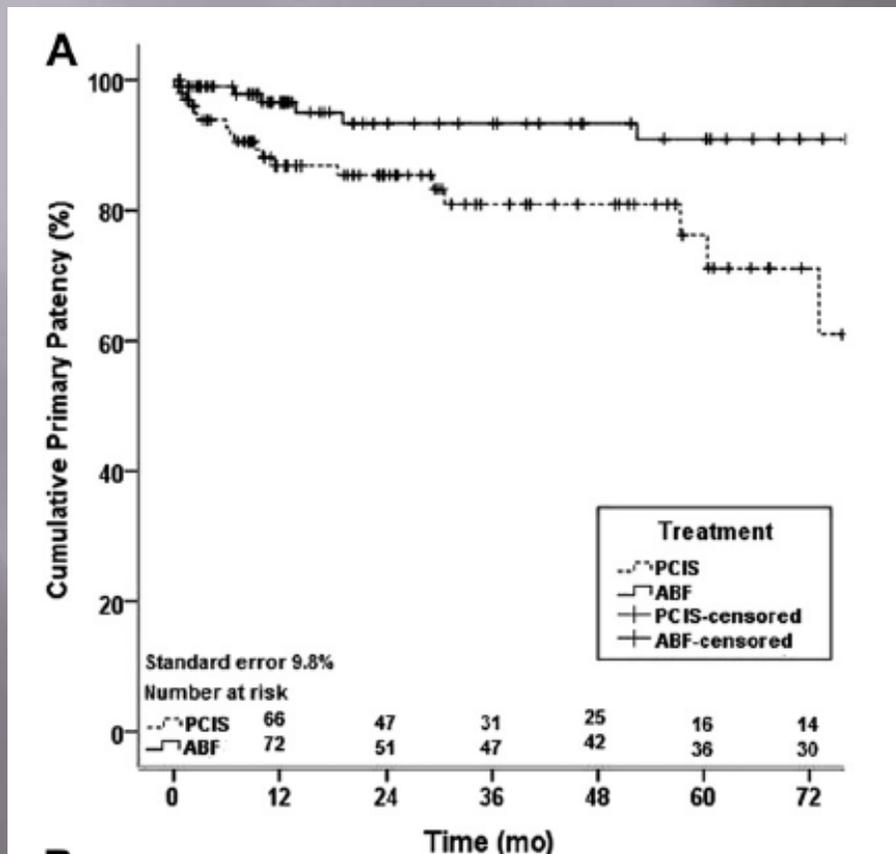
Typ D

Schwächen der TASC Klassifikation

- ▣ Vorliegen einer kruralen pAVK
- ▣ Vorliegen einer Multi-Etagen Erkrankung
- ▣ Individuelle Situation des Patienten
- ▣ Berücksichtigung des technischen Fortschrittes

Results of iliac stenting and aortofemoral grafting for iliac artery occlusions

Gul R. Sachwani, DO,^a Sachinder S. Hans, MD,^{a,b} Michael D. Khoury, MD,^{a,b} Thomas F. King, DO,^b Mayo Mitsuya, BS,^b Youssef S. Rizk, DO,^{a,b} Julie A. Zachwieja, BS,^b and Luay Sayed, MD,^a *Detroit, Mich*



SUBTRACTION



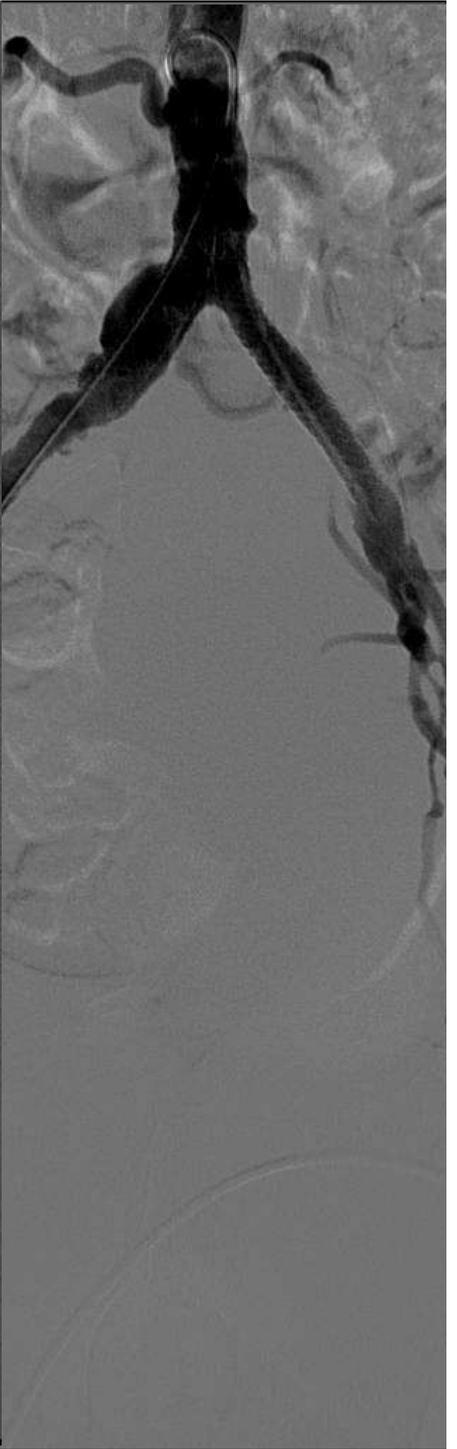
Right



SUBTRACTION

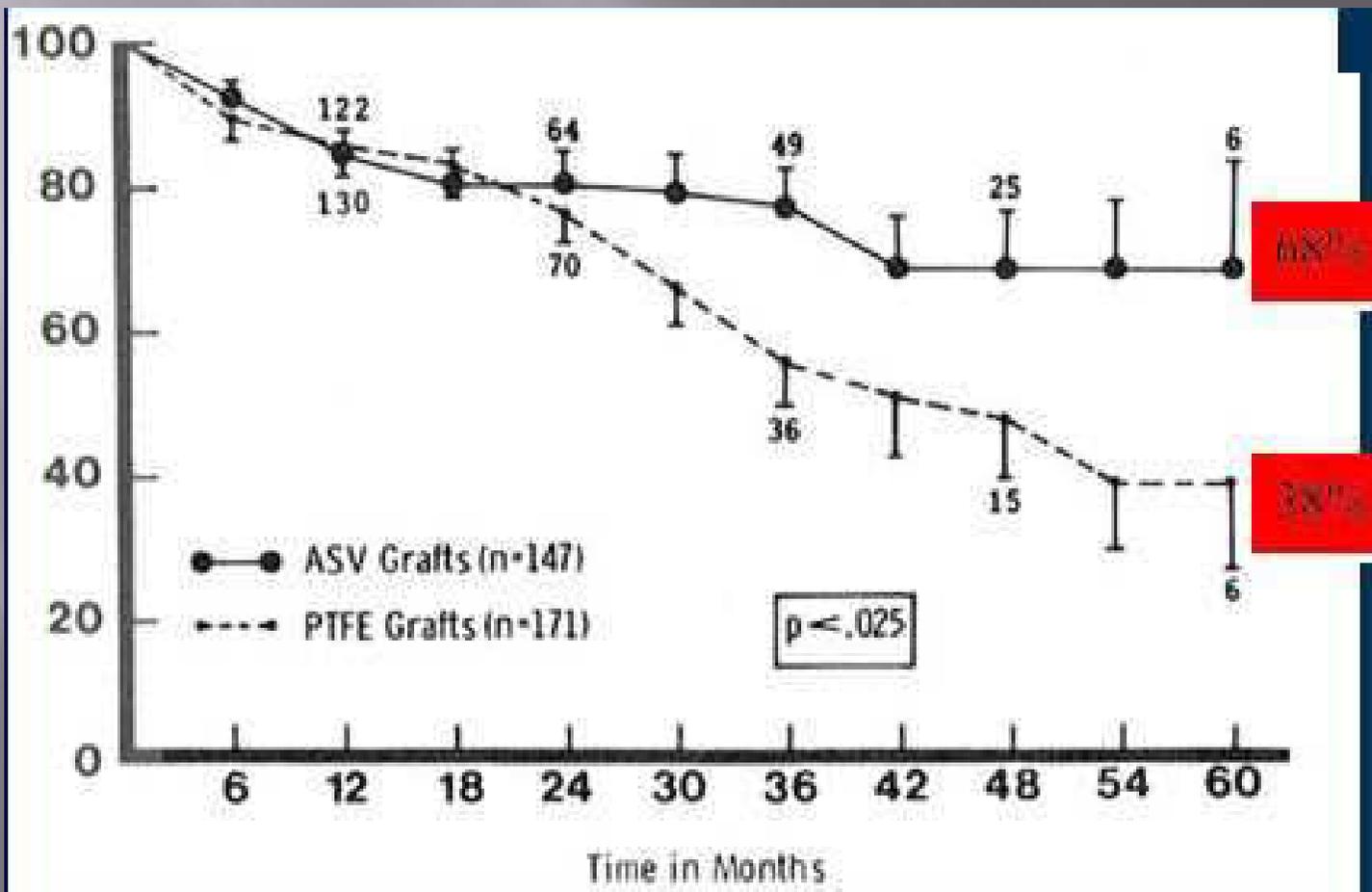


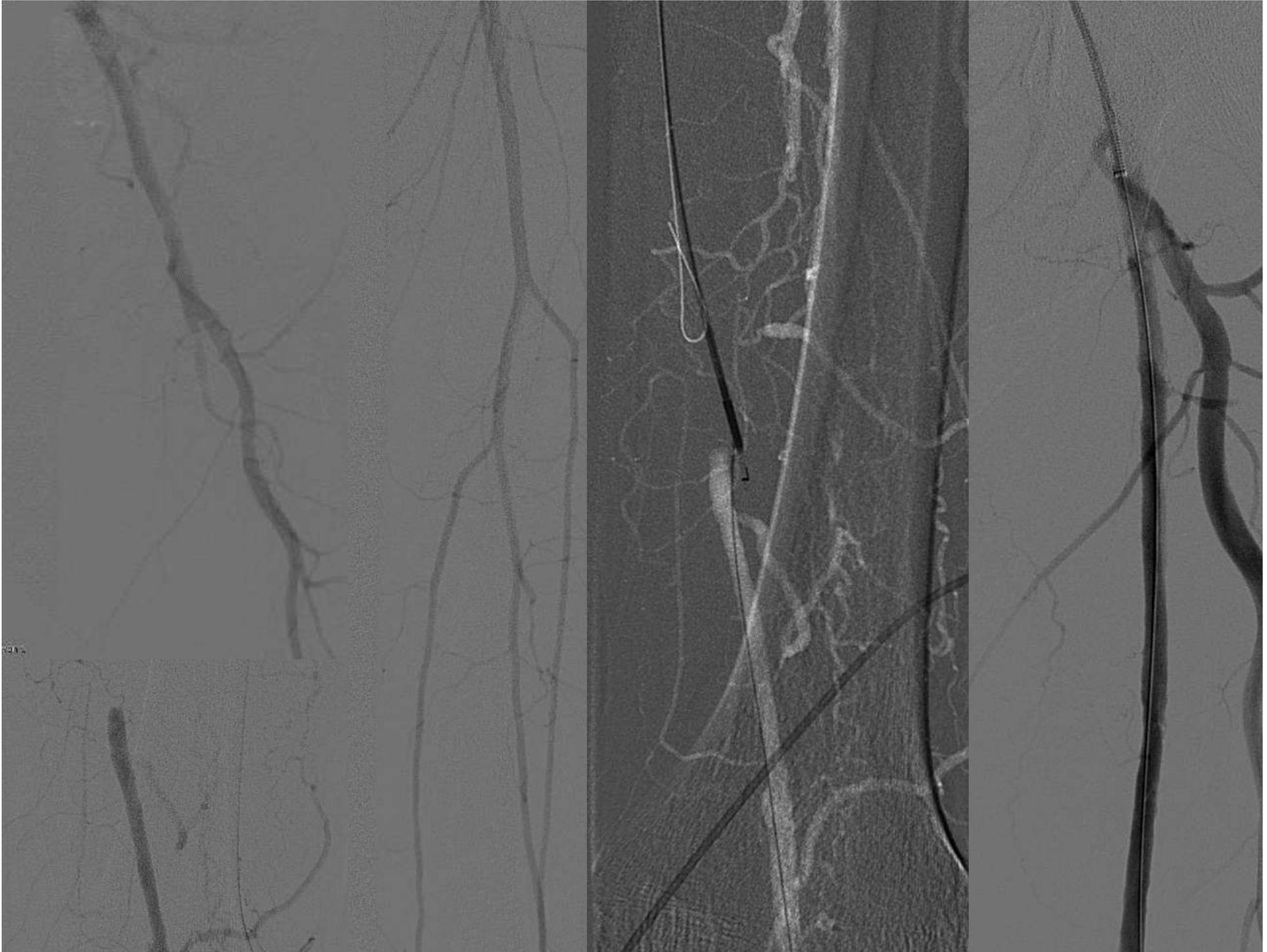




Femoro-poplitealer Ausstrom

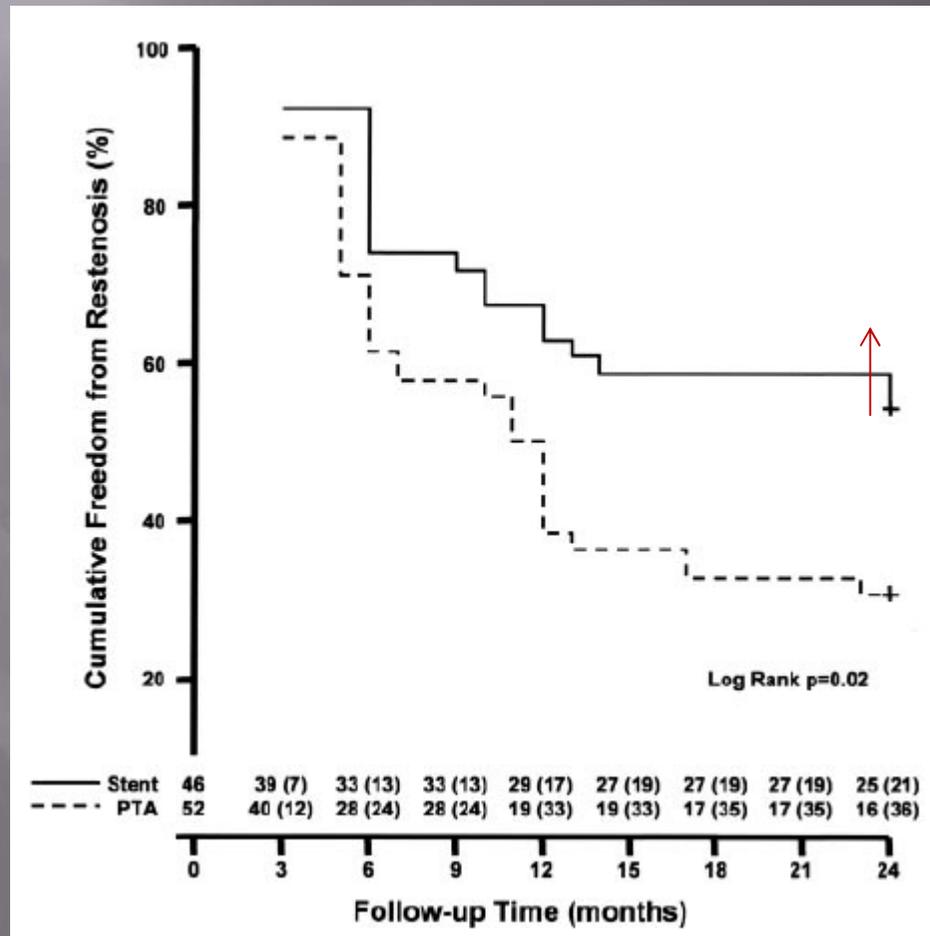
Offenheit





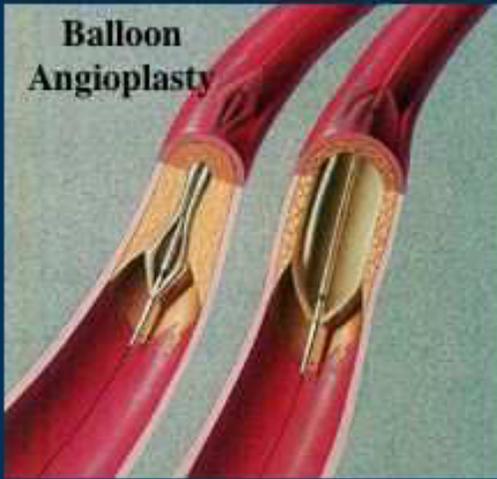
Sustained Benefit at 2 Years of Primary Femoropopliteal Stenting Compared With Balloon Angioplasty With Optional Stenting

Martin Schillinger, MD; Schila Sabeti, MD; Petra Dick, MD; Jasmin Amighi, MD;
 Wolfgang Mlekusch, MD; Oliver Schlager, MD; Christian Loewe, MD; Manfred Cejna, MD;
 Johannes Lammer, MD; Erich Minar, MD

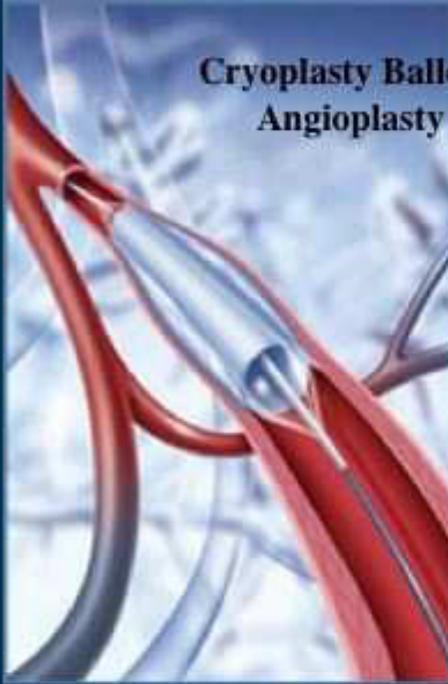


Circulation, 2007

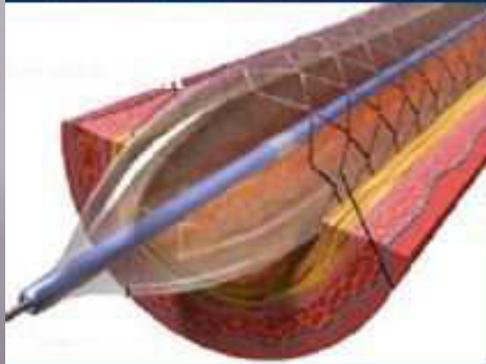
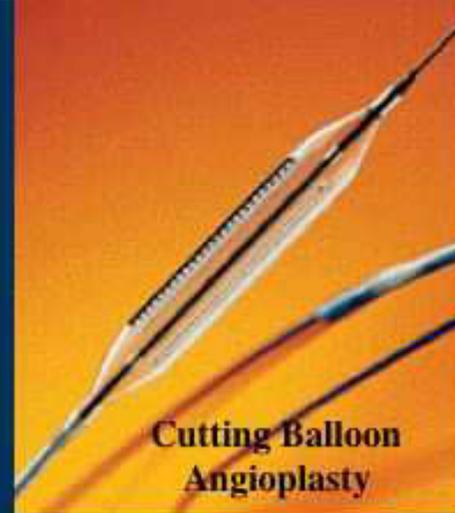
**Balloon
Angioplasty**



**Cryoplasty Balloon
Angioplasty**



**Cutting Balloon
Angioplasty**



Angiojet Thrombectomy



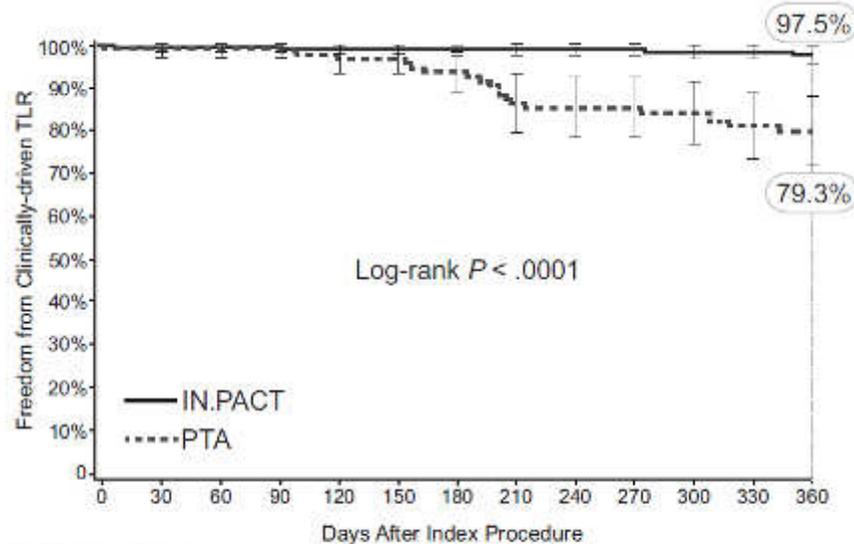
Covered stent



Drug-Coated Balloon Versus Standard Percutaneous Transluminal Angioplasty for the Treatment of Superficial Femoral and Popliteal Peripheral Artery Disease

12-Month Results From the IN.PACT SFA Randomized Trial

Gunnar Tepe, MD; John Laird, MD; Peter Schneider, MD; Marianne Brodmann, MD; Prakash Krishnan, MD; Antonio Micari, MD; Christopher Metzger, MD; Dierk Scheinert, MD; Thomas Zeller, MD; David J. Cohen, MD, MSc; David B. Snead, PhD; Beaux Alexander, MBA; Mario Landini, MS; Michael R. Jaff, DO; for the IN.PACT SFA Trial Investigators*

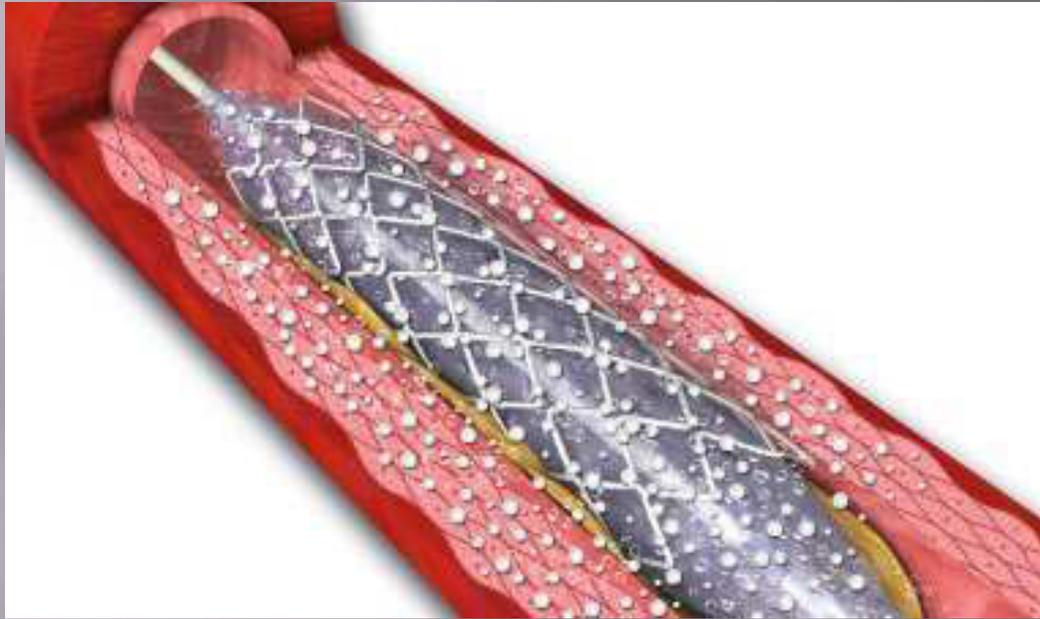


Number of subjects at risk

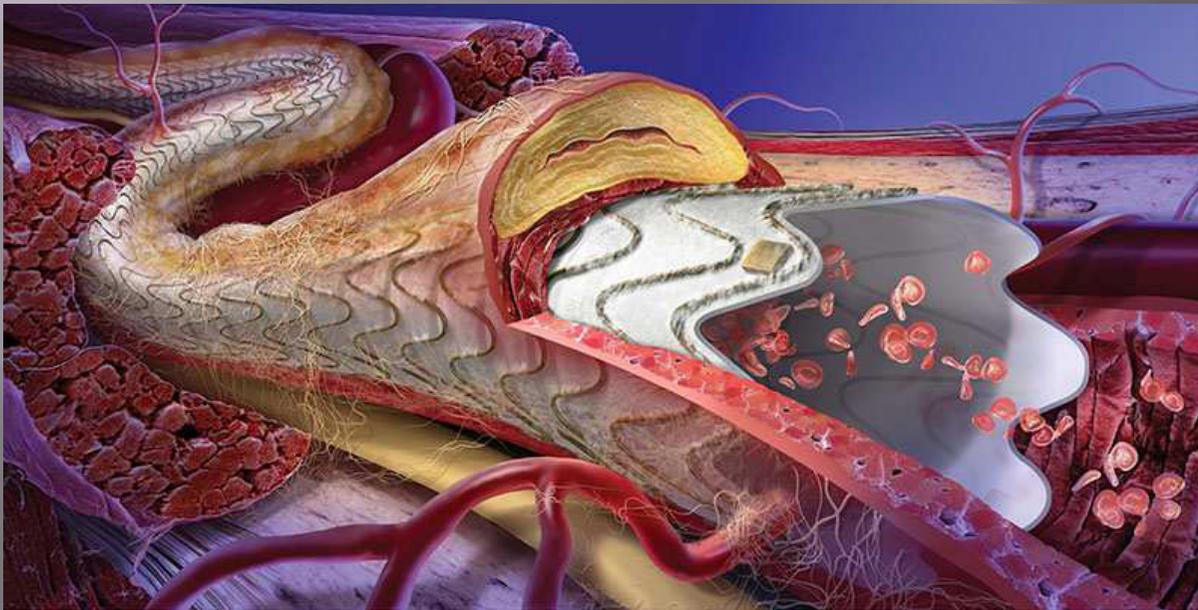
IN.PACT	220	220	215	214	214	212	210	208	207	206	204	200	199
PTA	111	111	109	108	106	106	106	103	93	92	92	91	87

Patency 82 zu 52% nach 1 Jahr

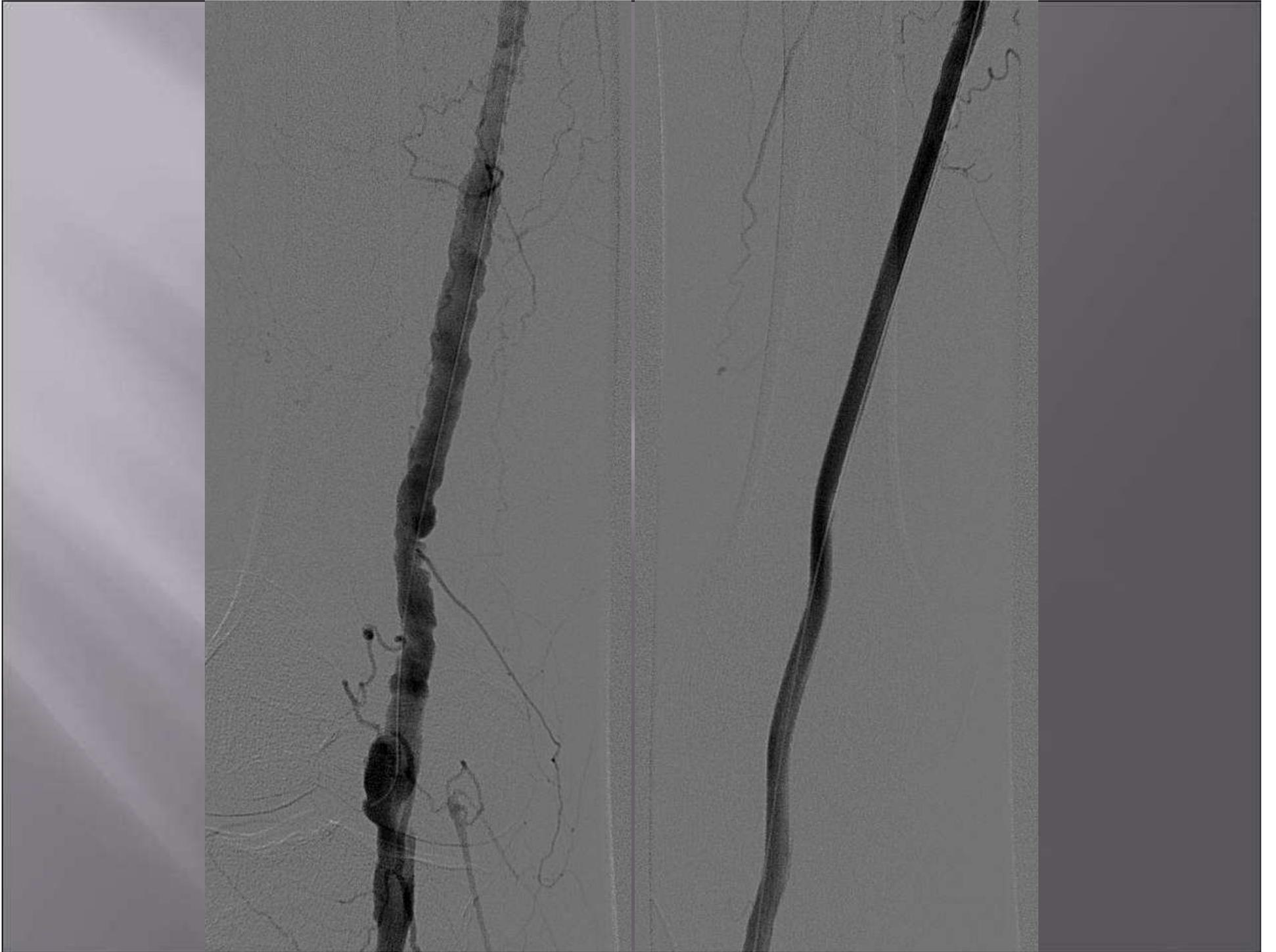
Circulation, 2015

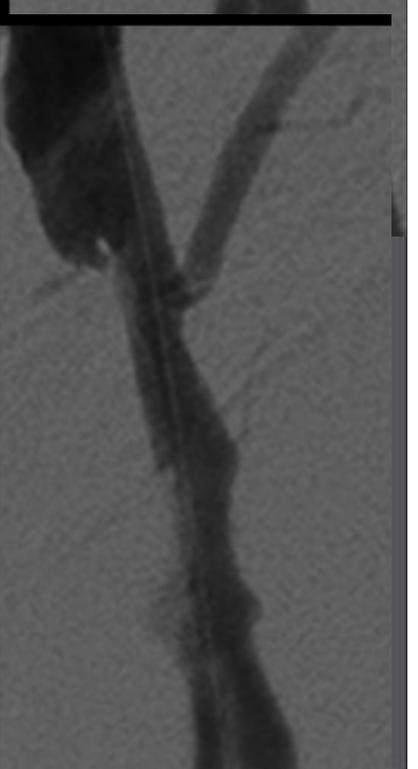
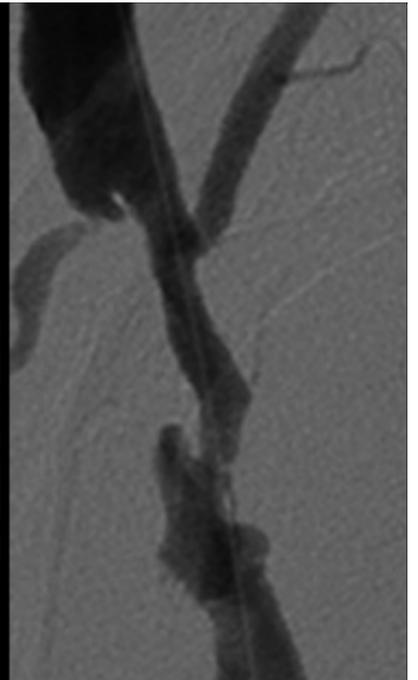


SIROCCO II Trial



VIBRANT Trial





Der Preis des Bypass

- ▣ Mortalität (1.5 bis 5%)
- ▣ Morbidität (5-30%)
- ▣ Lange Wundheilung (0.5 bis 10 Monate)



Wann Skalpell?

- ▣ Patienten mit Lebenserwartung unter 2 Jahren
- ▣ Patienten ohne geeignete Bypassvene
- ▣ Nicht mobile Patienten
- ▣ Patienten mit wenig Comorbiditäten und geeigneter Vene
- ▣ Patienten mit Versagen der endovaskulären Therapie

Kruraler Ausstrom



Wahl zwischen Skalpell und
Katheter bleibt individualisierte
Einzelfallentscheidung!