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| PO 025 | EFFECT OF DIABETES MELLITUS ON WALKING DISTANCE PARAMETERS AFTER SUPERVISED EXERCISE THERAPY FOR INTERMITTENT CLAUDICATION
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| PO 026 | DISTRIBUTION OF INFRA-POPLITEAL PERIPHERAL VASCULAR DISEASE IN PATIENTS WITH DIABETES MELLITUS COMPARED TO PATIENTS WITHOUT
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| PO 027 | IMPACT OF CHRONIC KIDNEY DISEASE ON THE OUTCOMES OF PATIENTS UNDERGOING REVASCULARIZATION FOR CRITICAL LIMB ISCHAEMIA
Asimakis Gkremouts, Thomas Schmitz-Rixen |
| PO 028 | TOE PRESSURE IS A BETTER INDICATOR OF A PATIENT’S PERIPHERAL ARTERIAL DISEASE AND CARDIOVASCULAR RISK THAN THE ANKLE BRACHIAL INDEX
Petteri Kauhanen, Mirjamai Laivuori, Harri Hakovirta, Anders Albäck, Maarit Venermo |
Introduction:

Diabetes mellitus (DM) predisposes to atherosclerotic disease. Patients with DM and peripheral disease have poorer outcomes compared to patients without DM (NDM). It is anecdotally that patients with DM have a predisposition towards a higher burden of atherosclerotic disease below the knee. The aim of this study was to test this hypothesis in a cohort of patients who had been closely matched for potential confounding factors.

Methods:

All patients who had a lower limb angiogram between July 2010 and May 2014 at a single centre were identified. Patients with DM were matched for age (±5 years), sex, ethnicity, smoking status, hypertension, hypercholesterolaemia and renal impairment to a NDM patient. Only exact matches were included. Outcome data was also collected. All angiograms were scored using an extended and modified version of the Bollinger score to assess morphological changes in 16 infra-inguinal arterial segments. The summated score for each crural vessel was also calculated. Zero is normal artery, 15 represents occlusion in over half of the segment. The primary outcome was difference in Bollinger score in all segments. Secondary outcomes were amputation free survival, major amputation and further revascularisation, assessed using survival curves.

Results:

There were 153 patients in each cohort and they were identically matched for all demographics (p=1.00). There was no significant difference in median length of follow up (2.4 years IQR 1.38-3.78 vs 2.3 IQR 1.24-3.34) however those with DM were more likely to have critical ischaemia as their indication (54% vs 32%, p<0.001) and require an emergency procedure (29% vs 11%, p<0.001). The only individual arterial segment that had a significant difference in median Bollinger score was the proximal third of the posterior tibial artery (PTA). Those with DM had a median score of 3 (IQR 0-15) and NDM had a score of 0 (1-13, p=0.038). However, the summated scores of the crural vessels showed that those with DM had significantly higher median scores in the anterior tibial artery and PTA. The PEA appears to be relatively spared in both cohorts (Table 1). Patients with DM had significantly poorer amputation free survival and higher major amputation rates (log rank test p=0.001 and 0.009 respectively). There was no significant difference in rates of further revascularisation (p=0.590).