The impact of Failure VIABAHN for femORopoplITEal lesions

FAVORITE TRIAL
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Backgrounds

✓ VIABAHN endoprosthesis for above-knee PAD is safe and results in excellent 1-year efficacy outcomes.

✓ However, endografts may occlude collateral arteries, which may affect outcome in case of failure.

Patient demographics

- Age, year: 70.6 ± 7.9
- Male: 40 (65%)
- BMI: 21.9 ± 3.2
- HTN: 53 (85%)
- DM: 40 (65%)
- Smoking: 52 (84%)
- HD: 16 (26%)
- CAD: 37 (60%)
- CVD: 7 (11%)
- Low EF: 3 (5%)
- AF: 12 (19%)
- ABI: 0.58 ± 0.23
- Rutherford: 3.3 ± 0.8
- CLI (pre): 19 (31%)
- Aspirin: 51 (62%)
- Thieno: 59 (95%)
- OAC: 10 (16%)

Outcomes

- ALI: 8
- 1/IIa/IIb/III: 3/2/3/0
- Elevated CPK case: 3 (5%)
- Mean Fu period: 323 days
- Death: 9 (15%)
- Target lesion revascularization: 11 (18%)
- Major amputation: 3 (5%)
- Myocardial infarction: 1 (2%)
- Stroke: 2 (3%)

Per lesion data

- CTO: 51 (82%)
- Reference, mm: 5.4 ± 0.6
- Lesion length, mm: 248 ± 68
- TASC CD: 60 (96%)
- Calcified: 36 (60%)
- Max pressure, atm: 17.9 ± 4.9
- Collateral coverage: 17 (28%)
- IFU: 41 (71%)
- VIABAHN size, mm: 5.7 ± 0.4
- VIABAHN length, mm: 283 ± 67

Procedure data

- Stenosis/Occlusion: 17/45
- Emergent procedure: 12 (19%)
- Endovascular: 53 (85%)
- Surgical: 9 (15%)
- Hybrid: 6 (9%)
- Aspiration: 22 (35%)
- Distal protection: 14 (24%)
- Thrombolysis: 17 (27%)
- Balloon size: 5.5 ± 0.8
- Additional Stent: 12 (19%)
- Distal embolization: 4 (6%)
- Procedure time, minute: 105 ± 60

Conclusions

✓ Primary patency of revascularization after failure VIABAHN is acceptable.

✓ The number of ALI case was small, but existed.