Indications And Techniques For And Midterm Results Of Below The Ankle Angioplasty For CLTI

1. Literature on BTA-PTA
2. The outflow concept in CLI rev.
3. BAD without SAD
4. SAD with/without BAD

Disclosure

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I have the following potential conflicts of interest to report:

Consultant: ABBOTT, Asahi, Cook, MEDTRONIC, Shire, Astra Zeneca
Stock shareholder: Limflow
1. BTA-PTA is still in an "artisanal era". We have not consensus documents, guidelines etc.

2. According to these few studies BTA-PTA seems to be technically feasible and clinically useful.

"Outflow" is a key concept in every type of revascularization (bypass or angioplasty)

We do not treat aorta/iliac/SFA/POP/BTK vessels without carefully considering the outflow. Good outflow means:

1. Good blood flow - good patency - reduced subacute thrombosis

2. In CLI pts it means good blood flow to the tissues - relief of ischemia - wound healing

In deciding what to treat or not to treat BTA vessels what are the criteria?

Can we apply also in BTA-PTA the concept of outflow as a guiding concept of our revascularization strategy?

What is the outflow of foot arteries?

Foot arteries are the border between two different worlds, two different diseases in terms of biology and clinical evolution: BAD & SAD

BAD = Big Artery Disease
SAD = Small Artery Disease

Before going in BTA vessels we must clarify in every patient the outflow (→ burden of BAD and SAD) otherwise our treatment can be dangerous!
1. Literature on BTA-PTA

2. The outflow concept in CLI rev.

3. BAD without SAD

4. SAD with/without BAD
What were the criteria, in all these studies, for treating patients with BTA vessel disease?

In BAD-patients outflow is good! We can do BTA-PTA looking for the healthy foot distribution system. The majority of BAD-patients can be revascularized, either surgically or percutaneously.
In the majority of the cases, SAD is an expression of MAC (medial artery calcification).

1. Digital artery puncture
2. Wiring the Digital branch
3. Rendez-vous
4. PTA & Hemostasis
In SAD-patients BTA outflow is obstructed and PTA can be dangerous because there is a disease of the foot distribution system.

In the vast majority of the cases SAD is an untreatable disease, either surgically or percutaneously, and is able to jeopardize the fate of the leg (and of the patient!)