

RE: Percutaneous Angioplasty in Diabetic Patients with Critical Limb Ischemia

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Dear Sir,

We read the article entitled "Endovascular Revascularization for Patients with Critical Limb Ischemia: Impact on Wound Healing and Long Term Clinical Results in 189 Limbs" by Bae et al. (1), as published in *Korean J Radiol* (2013;14:430-438), with a great interest. This article may provide a useful guide for radiologists. In the paper, authors made a retrospective study on 189 limbs with critical limb ischemia, which were treated with endovascular revascularization between 2008 and 2010. Analysis was made using the Kaplan-Meier method. In our clinical

experience, the major reason for critical limb ischemia is diabetes mellitus as well, as mentioned in the study (1). All patients were given pharmacotherapy, and percutaneous angioplasty was performed with balloon catheters. Even when deemed necessary, stent was not placed in the infrapopliteal arteries with high risks of thrombosis.

In another study by Cho et al. (2), authors treated 40 limbs in 36 patients with critical limb ischemia by subintimal angioplasty between April 2003 and June 2005. They used balloon catheters for dilatation and stents for occluded arteries. In this study, 23 of the patients had diabetes mellitus; and > 50% re-occlusion or stenosis in 13 limbs of 12 patients were reported.

In our institute, we prefer only the balloon dilatation catheters for diabetic patients with critical limb ischemia. We do not place stents in the lower extremity arteries if significant risks of early thrombosis.

REFERENCES

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